

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
MAIL ROOM

Dec 10 12 50 PM '96

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

|                                                                                                                   |                         |                                                                                                        |
|-------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------------------------------------------------------------|
| 1. NAME OF COMMITTEE (in full)<br>CHRIS JOHN FOR CONGRESS COMMITTEE, INC.                                         |                         | 2. FEC IDENTIFICATION NUMBER<br>C00316596                                                              |
| ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported.<br>P.O. BOX 971 |                         |                                                                                                        |
| CITY, STATE and ZIP CODE<br>CROWLEY, LA 70527-0971                                                                | STATE/DISTRICT<br>LA/07 |                                                                                                        |
|                                                                                                                   |                         | 3. IS THIS REPORT AN AMENDMENT?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |

## 4. TYPE OF REPORT

- ☐ April 15 Quarterly Report ☐ 12-Day Pre-Election Report for the \_\_\_\_\_ (Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report ☒ 30-Day Post-Election Report for the \_\_\_\_\_ GENERAL (Type of Election)  
election on 11-5-96 in the State of LOUISIANA
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report (Non-election Year Only) ☐ Termination Report

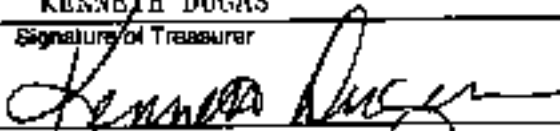
This report contains activity for ☐ Primary Election ☒ General Election ☐ Special Election ☐ Runoff Election

## SUMMARY

|                                                                                               | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|-----------------------------------------------------------------------------------------------|-------------------------|-----------------------------------|
| 5. Covering Period 10-17-96 through 11-25-96                                                  |                         |                                   |
| 6. Net Contributions (other than loans)                                                       |                         |                                   |
| (a) Total Contributions (other than loans) (from Line 11(a))                                  | 217,448.90              | 538,511.81                        |
| (b) Total Contribution Refunds (from Line 20(d))                                              | - 0 -                   | 4,600.00                          |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))                       | 217,448.90              | 533,911.81                        |
| 7. Net Operating Expenditures                                                                 |                         |                                   |
| (a) Total Operating Expenditures (from Line 17)                                               | 223,422.83              | 568,867.41                        |
| (b) Total Offsets to Operating Expenditures (from Line 14)                                    | - 0 -                   | 250.00                            |
| (c) Net Operating Expenditures (subtract Line 7(b) from 7(a))                                 | 223,422.83              | 568,617.41                        |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)                                   | 7,547.20                |                                   |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)  | - 0 -                   |                                   |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 45,000.00               |                                   |

For further information contact:  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9590  
Local 202-219-3420

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

|                                                                                                               |                 |
|---------------------------------------------------------------------------------------------------------------|-----------------|
| Type or Print Name of Treasurer<br>KENNETH DUGAS                                                              | Date<br>12-5-96 |
| Signature of Treasurer<br> |                 |

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

FEC FORM 3  
(revised 4/87)

# DETAILED SUMMARY PAGE

of Receipts and Disbursements  
(Page 2, FEC FORM 3)

| Name of Committee (in full)<br><b>CHRIS JOHN FOR CONGRESS COMMITTEE, INC.</b> |            | Report Covering the Period:<br>From: <b>10-17-96</b> To: <b>11-25-96</b> |                                           |
|-------------------------------------------------------------------------------|------------|--------------------------------------------------------------------------|-------------------------------------------|
| <b>I. RECEIPTS</b>                                                            |            | <b>COLUMN A<br/>Total This Period</b>                                    | <b>COLUMN B<br/>Calendar Year-To-Date</b> |
| <b>11. CONTRIBUTIONS (other than loans) FROM:</b>                             |            |                                                                          |                                           |
| (a) Individuals/Persons Other Than Political Committees                       |            |                                                                          |                                           |
| (i) Itemized (use Schedule A)                                                 | 115,408.93 | 11(a)(i)                                                                 |                                           |
| (ii) Unitemized                                                               | 14,289.31  | 11(a)(ii)                                                                |                                           |
| (b) Total of contributions from individuals                                   | 129,698.24 | 11(a)(iii)                                                               |                                           |
| (b) Political Party Committees                                                | - 0 -      | 11(b)                                                                    |                                           |
| (c) Other Political Committees (such as PACs)                                 | 87,750.66  | 11(c)                                                                    |                                           |
| (d) The Candidate                                                             | - 0 -      | 11(d)                                                                    |                                           |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d)) | 217,448.90 | 11(e)                                                                    |                                           |
| <b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES</b>                         | - 0 -      | 12                                                                       |                                           |
| <b>13. LOANS:</b>                                                             |            |                                                                          |                                           |
| (a) Made or Guaranteed by the Candidate                                       | - 0 -      | 13(a)                                                                    |                                           |
| (b) All Other Loans                                                           | - 0 -      | 13(b)                                                                    |                                           |
| (c) TOTAL LOANS (add 13(a) and (b))                                           | - 0 -      | 13(c)                                                                    |                                           |
| <b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)</b>         | - 0 -      | 14                                                                       |                                           |
| <b>15. OTHER RECEIPTS (Dividends, Interest, etc.)</b>                         | - 0 -      | 15                                                                       |                                           |
| <b>16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)</b>                   | 217,448.90 | 16                                                                       |                                           |
| <b>II. DISBURSEMENTS</b>                                                      |            |                                                                          |                                           |
| <b>17. OPERATING EXPENDITURES</b>                                             | 223,422.83 | 17                                                                       |                                           |
| <b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES</b>                           | - 0 -      | 18                                                                       |                                           |
| <b>19. LOAN REPAYMENTS:</b>                                                   |            |                                                                          |                                           |
| (a) Of Loans Made or Guaranteed by the Candidate                              | - 0 -      | 19(a)                                                                    |                                           |
| (b) Of All Other Loans                                                        | - 0 -      | 19(b)                                                                    |                                           |
| (c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))                                 | - 0 -      | 19(c)                                                                    |                                           |
| <b>20. REFUNDS OF CONTRIBUTIONS TO:</b>                                       |            |                                                                          |                                           |
| (a) Individuals/Persons Other Than Political Committees                       | - 0 -      | 20(a)                                                                    |                                           |
| (b) Political Party Committees                                                | - 0 -      | 20(b)                                                                    |                                           |
| (c) Other Political Committees (such as PACs)                                 | - 0 -      | 20(c)                                                                    |                                           |
| (d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))                       | - 0 -      | 20(d)                                                                    |                                           |
| <b>21. OTHER DISBURSEMENTS</b>                                                | 1,000.00   | 21                                                                       |                                           |
| <b>22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)</b>              | 224,422.83 | 22                                                                       |                                           |

## III. CASH SUMMARY

|                                                                              |    |            |    |
|------------------------------------------------------------------------------|----|------------|----|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD                            | \$ | 14,521.13  | 23 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16)                                | \$ | 217,448.90 | 24 |
| 25. SUBTOTAL (add Line 23 and Line 24)                                       | \$ | 231,970.03 | 25 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)                           | \$ | 224,422.83 | 26 |
| 27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) | \$ | 7,547.20   | 27 |

**SCHEDULE A** **ITEMIZED RECEIPTS**  
**CONTRIBUTIONS FROM INDIVIDUALS/PERSONS OTHER THAN**  
**POLITICAL COMMITTEES**

Use separate schedules  
for each category of the  
Detailed Summary Page

PAGE 1 OF 37  
FOR LINE NUMBER  
11(a)(1)

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)**

CHRIS JOHN FOR CONGRESS COMMITTEE, INC.

C00316596

|                                                                                                                                                                                                                                                                   |                                                                                                                                                        |                                            |                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>NORMAN H. MOORE<br>148 TECHE DRIVE<br>LAFAYETTE, LA 70503<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):      | <b>Name of Employer</b><br>PPM CONTRACTORS, INC.<br><br><b>Occupation</b><br>PRESIDENT<br><br><b>Aggregate Year-to-Date</b> > \$ 1,500.00              | <b>Date (month, day, year)</b><br>10-17-96 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>JOHN W. HUTCHISON<br>P.O. BOX 3527<br>LAFAYETTE, LA 70502-3527<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>SELF-EMPLOYED<br><br><b>Occupation</b><br>ATTORNEY<br><br><b>Aggregate Year-to-Date</b> > \$ 1,500.00                       | <b>Date (month, day, year)</b><br>10-17-96 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>DR. CARL J. RICHARD<br>P.O. BOX 482<br>CROWLEY, LA 70527-0482<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):  | <b>Name of Employer</b><br>SELF-EMPLOYED<br><br><b>Occupation</b><br>PHYSICIAN (GENERAL PRACTITIONER)<br><br><b>Aggregate Year-to-Date</b> > \$ 250.00 | <b>Date (month, day, year)</b><br>10-17-96 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>BRYAN HANKS<br>104 BROADWAY DRIVE<br>SCOTT, LA 70583<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):           | <b>Name of Employer</b><br>ALPHA LAND SERVICES<br><br><b>Occupation</b><br>PRESIDENT<br><br><b>Aggregate Year-to-Date</b> > \$ 1,500.00                | <b>Date (month, day, year)</b><br>10-17-96 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>LOUIS SIMON<br>116 MICHELLE CIRCLE<br>LAFAYETTE, LA 70503<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):      | <b>Name of Employer</b><br>SELF-EMPLOYED<br><br><b>Occupation</b><br>ATTORNEY<br><br><b>Aggregate Year-to-Date</b> > \$ 1,500.00                       | <b>Date (month, day, year)</b><br>10-17-96 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>ERNESTINE B. GEORGE<br>222 GRAND AVENUE<br>LAFAYETTE, LA 70503<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>SIDEWINDER PUMPS, INC.<br><br><b>Occupation</b><br>EXECUTIVE CFO<br><br><b>Aggregate Year-to-Date</b> > \$ 2,000.00         | <b>Date (month, day, year)</b><br>10-17-96 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>THOMAS G. SMART<br>1000 GREENBRIAR RD.<br>LAFAYETTE, LA 70503<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):  | <b>Name of Employer</b><br>ONEBANE DONOHUE<br><br><b>Occupation</b><br>ATTORNEY<br><br><b>Aggregate Year-to-Date</b> > \$ 1,000.00                     | <b>Date (month, day, year)</b><br>10-17-96 | <b>Amount of Each Receipt this Period</b><br>500.00   |

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

3,750.00

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

**SCHEDULE A**  
**CONTRIBUTIONS FROM INDIVIDUALS/PERSONS OTHER THAN**  
**POLITICAL COMMITTEES**

**ITEMIZED RECEIPTS**

Use separate schedules for each category of the Detailed Summary Page

PAGE 2 OF 37

FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (In Full)

CHRIS JOHN FOR CONGRESS COMMITTEE, INC.

C00316596

|                                                                                                                                                                                                                                                                                       |                                                                                                                                                                 |                                            |                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>T. J. MCNAMARA<br>P.O. BOX 3507<br>LAFAYETTE, LA 70502<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                 | <b>Name of Employer</b><br>ONEBANE DONOHUE<br><b>Occupation</b><br>ATTORNEY<br><b>Aggregate Year-to-Date</b> > \$ 250.00                                        | <b>Date (month, day, year)</b><br>10-17-96 | <b>Amount of Each Receipt this Period</b><br>250.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>RANDALL C. SONGY<br>104 COLONIAL DRIVE<br>LAFAYETTE, LA 70506<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                          | <b>Name of Employer</b><br>ONEBANE DONOHUE<br><b>Occupation</b><br>ATTORNEY<br><b>Aggregate Year-to-Date</b> > \$ 375.00                                        | <b>Date (month, day, year)</b><br>10-17-96 | <b>Amount of Each Receipt this Period</b><br>125.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>GORDON T. WHITMAN<br>117 WARWICKE DRIVE<br>LAFAYETTE, LA 70508<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                         | <b>Name of Employer</b><br>ONEBANE DONOHUE<br><b>Occupation</b><br>ATTORNEY<br><b>Aggregate Year-to-Date</b> > \$ 375.00                                        | <b>Date (month, day, year)</b><br>10-17-96 | <b>Amount of Each Receipt this Period</b><br>125.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>JAMES B. BARKATE<br>307 E. LIVINGSTON PLACE<br>METAIRIE, LA 70005<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                      | <b>Name of Employer</b><br>INFORMATION REQUESTED<br>NOT AVAILABLE AT TIME<br><b>Occupation</b><br>OF FILING REPORT<br><b>Aggregate Year-to-Date</b> > \$ 500.00 | <b>Date (month, day, year)</b><br>10-17-96 | <b>Amount of Each Receipt this Period</b><br>500.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>BILLY HAGAN<br>P.O. BOX 53848<br>LAFAYETTE, LA 70505<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                   | <b>Name of Employer</b><br>STRATAGRAPH OIL WELL<br>LOGGING<br><b>Occupation</b><br>CHIEF FINANCIAL OFFICER<br><b>Aggregate Year-to-Date</b> > \$ 500.00         | <b>Date (month, day, year)</b><br>10-17-96 | <b>Amount of Each Receipt this Period</b><br>500.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>DANIEL G. FOURNERAT<br>412 OLD SETTLEMENT ROAD<br>LAFAYETTE, LA 70508<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                  | <b>Name of Employer</b><br>ONEBANE DONOHUE<br><b>Occupation</b><br>ATTORNEY<br><b>Aggregate Year-to-Date</b> > \$ 1,500.00                                      | <b>Date (month, day, year)</b><br>10-17-96 | <b>Amount of Each Receipt this Period</b><br>500.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>ODOM L. BACQUE, JR. CLU<br>2014 W. PINHOOK RDS., SUITE 501<br>LAFAYETTE, LA 70508-5239<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>MASS MUTUAL LIFE<br><b>Occupation</b><br>INSURANCE SALESMAN<br><b>Aggregate Year-to-Date</b> > \$ 250.00                             | <b>Date (month, day, year)</b><br>10-17-96 | <b>Amount of Each Receipt this Period</b><br>250.00 |

SUBTOTAL of Receipts This Page (optional)

2,250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**
**ITEMIZED RECEIPTS**
**CONTRIBUTIONS FROM INDIVIDUALS/PERSONS OTHER THAN  
POLITICAL COMMITTEES**

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

 PAGE OF  
3137  
FOR LINE NUMBER  
11(a)(1)

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**NAME OF COMMITTEE (In Full)**

CHRIS JOHN FOR CONGRESS COMMITTEE, INC.

C00316596

|                                                                                                                                                                                                                                                                                    |                                                                                                                                                            |                                                |                                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br><br>LAWRENCE B. GREENBEATT<br>211 LIBERTY AVE., APT. 115<br>LAFAYETTE, LA 70508<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br><br>MARIAH CORPORATION<br><br><b>Occupation</b> VICE PRESIDENT -<br>OPERATIONS<br><br><b>Aggregate Year-to-Date</b> > \$ 500.00 | <b>Date (month, day, year)</b><br><br>10-17-96 | <b>Amount of Each Receipt this Period</b><br><br>500.00   |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br><br>J. MARTIN WALKE<br>1408 DAHLIA STREET<br>BATON ROUGE, LA 70508<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | <b>Name of Employer</b><br><br>MARTIN WALKE & ASSOC.<br><br><b>Occupation</b><br>CONSULTANT<br><br><b>Aggregate Year-to-Date</b> > \$ 1,000.00             | <b>Date (month, day, year)</b><br><br>10-17-96 | <b>Amount of Each Receipt this Period</b><br><br>500.00   |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br><br>ERIN K. KEATY<br>100 WHITCOMB CIRCLE<br>LAFAYETTE, LA 70503<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                 | <b>Name of Employer</b><br><br>SELF-EMPLOYED<br><br><b>Occupation</b><br>ATTORNEY<br><br><b>Aggregate Year-to-Date</b> > \$ 500.00                         | <b>Date (month, day, year)</b><br><br>10-17-96 | <b>Amount of Each Receipt this Period</b><br><br>500.00   |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br><br>MRS. BERNARD J. BARILLEAUX<br>335 RENA DRIVE<br>LAFAYETTE, LA 70503<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):         | <b>Name of Employer</b><br><br>NONE<br><br><b>Occupation</b><br>HOMEMAKER<br><br><b>Aggregate Year-to-Date</b> > \$ 1,000.00                               | <b>Date (month, day, year)</b><br><br>10-17-96 | <b>Amount of Each Receipt this Period</b><br><br>1,000.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br><br>JAMES M. HUTCHINSON, JR.<br>400 NORMANDY LANE<br>CHURCH POINT, LA 70525<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):     | <b>Name of Employer</b><br><br>PPM CONTRACTORS<br><br><b>Occupation</b><br>OPERATIONS<br><br><b>Aggregate Year-to-Date</b> > \$ 1,500.00                   | <b>Date (month, day, year)</b><br><br>10-17-96 | <b>Amount of Each Receipt this Period</b><br><br>1,000.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br><br>BERNARD J. BARILLEAUX<br>335 RENA DRIVE<br>LAFAYETTE, LA 70503<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | <b>Name of Employer</b><br><br>COPESTONE, INC.<br><br><b>Occupation</b><br>CONTROLLER<br><br><b>Aggregate Year-to-Date</b> > \$ 1,750.00                   | <b>Date (month, day, year)</b><br><br>10-17-96 | <b>Amount of Each Receipt this Period</b><br><br>1,000.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br><br>STEPHEN DOMINGUE<br>205 WOODBLUFF DRIVE<br>LAFAYETTE, LA 70503<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | <b>Name of Employer</b><br><br>MSI<br><br><b>Occupation</b><br>VICE PRESIDENT<br><br><b>Aggregate Year-to-Date</b> > \$ 1,000.00                           | <b>Date (month, day, year)</b><br><br>10-17-96 | <b>Amount of Each Receipt this Period</b><br><br>1,000.00 |

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

5,500.00

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

**SCHEDULE A** **ITEMIZED RECEIPTS**  
**CONTRIBUTIONS FROM INDIVIDUALS/PERSONS OTHER THAN**  
**POLITICAL COMMITTEES**

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

PAGE 4 OF 37  
FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (in Full)

CHRIS JOHN FOR CONGRESS COMMITTEE, INC.

C00316596

|                                                                                                                                                                                                                                                                            |                                                                                                                                              |                                            |                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>CHARLES D. BEAZLEY<br>105 OAKLEY DRIVE<br>LAFAYETTE, LA 70508<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):               | <b>Name of Employer</b><br>GUIDRY BEAZLEY<br>OSTEN ARCHITECTS<br><b>Occupation</b><br>ARCHITECT<br><b>Aggregate Year-to-Date</b> > \$ 500.00 | <b>Date (month, day, year)</b><br>10-17-96 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>TIM MEAUX<br>305 CHELSEA DRIVE<br>LAFAYETTE, LA 70508<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                       | <b>Name of Employer</b><br>MSI<br><b>Occupation</b><br>PRESIDENT<br><b>Aggregate Year-to-Date</b> > \$ 1,000.00                              | <b>Date (month, day, year)</b><br>10-17-96 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>ALLEN R. BARES<br>P.O. BOX 80655<br>LAFAYETTE, LA 70598<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                     | <b>Name of Employer</b><br>SELF-EMPLOYED<br><b>Occupation</b><br>ATTORNEY<br><b>Aggregate Year-to-Date</b> > \$ 450.00                       | <b>Date (month, day, year)</b><br>10-17-96 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>ROBERT E. TRAHAN<br>P.O. BOX 3287<br>LAFAYETTE, LA 70502<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                    | <b>Name of Employer</b><br>LAFAYETTE MOTOR CO.<br><b>Occupation</b><br>PRESIDENT<br><b>Aggregate Year-to-Date</b> > \$ 500.00                | <b>Date (month, day, year)</b><br>10-17-96 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>JAMES F. FREDERICK<br>1001 E. DALE STREET, APT. 312<br>NEW IBERIA, LA 70560<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>FREDERICKS MACHINE SHOP<br><b>Occupation</b><br>VICE PRESIDENT<br><b>Aggregate Year-to-Date</b> > \$ 2,000.00     | <b>Date (month, day, year)</b><br>10-17-96 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>KAREN S. FISHER<br>P.O. BOX 38<br>BROUSSARD, LA 70518<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                       | <b>Name of Employer</b><br>MARIAH CORPORATION<br><b>Occupation</b><br>PRESIDENT<br><b>Aggregate Year-to-Date</b> > \$ 1,500.00               | <b>Date (month, day, year)</b><br>10-17-96 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>LEV M. DAWSON<br>2305 HWY. 17<br>DELHI, LA 71232-7201<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                       | <b>Name of Employer</b><br>DAWSON FARMS LLC<br><b>Occupation</b><br>MANAGER - FARM<br><b>Aggregate Year-to-Date</b> > \$ 2,000.00            | <b>Date (month, day, year)</b><br>10-17-96 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |

SUBTOTAL of Receipts This Page (optional)

4,750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A** **ITEMIZED RECEIPTS**  
**CONTRIBUTIONS FROM INDIVIDUALS/PERSONS OTHER THAN**  
**POLITICAL COMMITTEES**

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

PAGE 5 OF 37  
FOR LINE NUMBER  
11(a)(1)

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**NAME OF COMMITTEE (In Full)**

CHRIS JOHN FOR CONGRESS COMMITTEE, INC.

C00316596

|                                                                                                                                                                                                                                                                    |                                                                                                                                                         |                                            |                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>JANE KUO<br>111 WELLINGTON DRIVE<br>HOUMA, LA 70360<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):             | <b>Name of Employer</b><br>KST, INC.<br><br><b>Occupation</b><br>CO-OWNER<br><br><b>Aggregate Year-to-Date</b> > \$ 2,000.00                            | <b>Date (month, day, year)</b><br>10-17-96 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>VERNON MEYER<br>1604 BEAU CHENE<br>WESTLAKE, LA 70669<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):           | <b>Name of Employer</b><br>MEYERS & ASSOCIATES, INC.<br><br><b>Occupation</b><br>CONSULTING ENGINEER<br><br><b>Aggregate Year-to-Date</b> > \$ 2,000.00 | <b>Date (month, day, year)</b><br>10-17-96 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>STEPHANIE FLORES<br>P.O. BOX 51213<br>LAFAYETTE, LA 70505<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):       | <b>Name of Employer</b><br>FLORES & FLORES<br><br><b>Occupation</b><br>ATTORNEY<br><br><b>Aggregate Year-to-Date</b> > \$ 1,000.00                      | <b>Date (month, day, year)</b><br>10-17-96 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>FERNAND PRIVAT<br>105 INDEPENDENCE BLVD.<br>LAFAYETTE, LA 70506<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>SELF-EMPLOYED<br><br><b>Occupation</b><br>GENERAL CONTRACTOR<br><br><b>Aggregate Year-to-Date</b> > \$ 500.00                | <b>Date (month, day, year)</b><br>10-17-96 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>FLOYD DEGUEYTER<br>P.O. BOX 52870<br>LAFAYETTE, LA 70505<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):        | <b>Name of Employer</b><br>CLM EQUIPMENT CO., INC.<br><br><b>Occupation</b><br>PRESIDENT<br><br><b>Aggregate Year-to-Date</b> > \$ 500.00               | <b>Date (month, day, year)</b><br>10-17-96 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>ROSS B. ATKINS<br>1226 GLENMORE AVE.<br>BATON ROUGE, LA 70806<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):   | <b>Name of Employer</b><br>AMITE RIVER BASIN COMMISSION<br><br><b>Occupation</b><br>EXECUTIVE DIRECTOR<br><br><b>Aggregate Year-to-Date</b> > \$ 250.00 | <b>Date (month, day, year)</b><br>10-17-96 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>GLEN ASHY<br>P.O. BOX 51851<br>LAFAYETTE, LA 70505<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | <b>Name of Employer</b><br>CF BEAN CORPORATION<br><br><b>Occupation</b><br>VICE PRESIDENT<br><br><b>Aggregate Year-to-Date</b> > \$ 500.00              | <b>Date (month, day, year)</b><br>10-18-96 | <b>Amount of Each Receipt this Period</b><br>500.00   |

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

4,750.00

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

**SCHEDULE A**
**ITEMIZED RECEIPTS**
**CONTRIBUTIONS FROM INDIVIDUALS/PERSONS OTHER THAN  
POLITICAL COMMITTEES**

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

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FOR LINE NUMBER  
11(a)(1)

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**NAME OF COMMITTEE (in Full)**

CHRIS JOHN FOR CONGRESS COMMITTEE, INC.

CD0316596

|                                                                                                                                                                                                                                                                         |                                                                                                                                               |                                            |                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>SUSAN A. DAIGLE<br>108 DUCHARME CT.<br>LAFAYETTE, LA 70503<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):           | <b>Name of Employer</b><br>BROUSSARD, DAVID &<br>DAIGLE<br><br><b>Occupation</b><br>ATTORNEY<br><br><b>Aggregate Year-to-Date</b> > \$ 500.00 | <b>Date (month, day, year)</b><br>10-18-96 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>JAMES R. LEWIS<br>3988 S. RAMSEY DRIVE<br>BATON ROUGE, LA 70808<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):      | <b>Name of Employer</b><br>CRAWFORD & LEWIS<br><br><b>Occupation</b><br>PARTNER<br><br><b>Aggregate Year-to-Date</b> > \$ 500.00              | <b>Date (month, day, year)</b><br>10-18-96 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>C. P. HILLIARD<br>P.O. DRAWER 52745<br>LAFAYETTE, LA 70505<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):           | <b>Name of Employer</b><br>BADGER OIL CO.<br><br><b>Occupation</b><br>PRESIDENT<br><br><b>Aggregate Year-to-Date</b> > \$ 500.00              | <b>Date (month, day, year)</b><br>10-18-96 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>PAULA KATHERINA WOODSON<br>501 WOODVALE AVE.<br>LAFAYETTE, LA 70503<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):  | <b>Name of Employer</b><br>WOODSON CONSTRUCTION<br><br><b>Occupation</b><br>CO-OWNER<br><br><b>Aggregate Year-to-Date</b> > \$ 1,000.00       | <b>Date (month, day, year)</b><br>10-18-96 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>LINDA WOODSON DOHERTY<br>P.O. BOX 80337<br>LAFAYETTE, LA 70598<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):       | <b>Name of Employer</b><br>WOODSON CONSTRUCTION<br><br><b>Occupation</b><br>CO-OWNER<br><br><b>Aggregate Year-to-Date</b> > \$ 1,000.00       | <b>Date (month, day, year)</b><br>10-18-96 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>CHARLES HUDSON<br>1437 FERN STREET<br>OPELOUSAS, LA 70570<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | <b>Name of Employer</b><br>HUDSON INDUSTRIES<br><br><b>Occupation</b><br>OWNER<br><br><b>Aggregate Year-to-Date</b> > \$ 225.00               | <b>Date (month, day, year)</b><br>10-21-96 | <b>Amount of Each Receipt this Period</b><br>225.00   |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>ROY AGUILLARD<br>7640 LASALLE AVE., NO. 403<br>BATON ROUGE, LA 70806<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>NONE<br><br><b>Occupation</b><br>RETIRED<br><br><b>Aggregate Year-to-Date</b> > \$ 500.00                          | <b>Date (month, day, year)</b><br>10-21-96 | <b>Amount of Each Receipt this Period</b><br>500.00   |

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

4,225.00

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

**SCHEDULE A**  
**CONTRIBUTIONS FROM INDIVIDUALS/PERSONS OTHER THAN**  
**POLITICAL COMMITTEES**

**ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER  
11(a)(i)

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NAME OF COMMITTEE (in Full)

CHRIS JOHN FOR CONGRESS COMMITTEE, INC.

C00316596

|                                                                                                                                                                                                                                                                           |                                                                                                                                           |                                                |                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------------------|
| <p>A. Full Name, Mailing Address and ZIP Code</p> <p>WILLIAM R. BURK III<br/>4176 CANAL ST.<br/>NEW ORLEANS, LA 70119</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer</p> <p>BURK-KLIENEPETER, INC.</p> <p>Occupation</p> <p>PARTNER</p> <p>Aggregate Year-to-Date &gt; \$ 500.00</p>       | <p>Date (month, day, year)</p> <p>10-21-96</p> | <p>Amount of Each Receipt this Period</p> <p>500.00</p>   |
| <p>B. Full Name, Mailing Address and ZIP Code</p> <p>WAYNE SAGRERA<br/>RT. 5, BOX 112<br/>ABBEVILLE, LA 70510</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>         | <p>Name of Employer</p> <p>VERMILION GATOR FARM, INC.</p> <p>Occupation</p> <p>PRESIDENT</p> <p>Aggregate Year-to-Date &gt; \$ 500.00</p> | <p>Date (month, day, year)</p> <p>10-21-96</p> | <p>Amount of Each Receipt this Period</p> <p>500.00</p>   |
| <p>C. Full Name, Mailing Address and ZIP Code</p> <p>BRYAN G. LEONARDS, SR.<br/>304 W. 17TH<br/>CROWLEY, LA 70526</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>     | <p>Name of Employer</p> <p>SELF-EMPLOYED</p> <p>Occupation</p> <p>FARMER</p> <p>Aggregate Year-to-Date &gt; \$ 1,000.00</p>               | <p>Date (month, day, year)</p> <p>10-21-96</p> | <p>Amount of Each Receipt this Period</p> <p>500.00</p>   |
| <p>D. Full Name, Mailing Address and ZIP Code</p> <p>KATHLEEN SMITH<br/>7264 HWY. 115<br/>BUNKIE, LA 71322</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>            | <p>Name of Employer</p> <p>NONE</p> <p>Occupation</p> <p>HOUSEWIFE</p> <p>Aggregate Year-to-Date &gt; \$ 500.00</p>                       | <p>Date (month, day, year)</p> <p>10-21-96</p> | <p>Amount of Each Receipt this Period</p> <p>500.00</p>   |
| <p>E. Full Name, Mailing Address and ZIP Code</p> <p>CHARLES T. GOODSON<br/>P.O. BOX 52482<br/>LAFAYETTE, LA 70505</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>    | <p>Name of Employer</p> <p>GOODSON EXPLORATION</p> <p>Occupation</p> <p>PRESIDENT</p> <p>Aggregate Year-to-Date &gt; \$ 2,000.00</p>      | <p>Date (month, day, year)</p> <p>10-21-96</p> | <p>Amount of Each Receipt this Period</p> <p>1,000.00</p> |
| <p>F. Full Name, Mailing Address and ZIP Code</p> <p>STEPHEN MILLER<br/>163 LA RUE VIL<br/>LAFAYETTE, LA 70508</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>        | <p>Name of Employer</p> <p>COPESTONE, INC.</p> <p>Occupation</p> <p>SALES MANAGER</p> <p>Aggregate Year-to-Date &gt; \$ 2,000.00</p>      | <p>Date (month, day, year)</p> <p>10-22-96</p> | <p>Amount of Each Receipt this Period</p> <p>1,000.00</p> |
| <p>G. Full Name, Mailing Address and ZIP Code</p> <p>MICHAEL K. HENSGENS<br/>P.O. BOX 1581<br/>CROWLEY, LA 70527-1581</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer</p> <p>G &amp; H SEED, INC.</p> <p>Occupation</p> <p>STOCKHOLDER</p> <p>Aggregate Year-to-Date &gt; \$ 1,250.00</p>   | <p>Date (month, day, year)</p> <p>10-22-96</p> | <p>Amount of Each Receipt this Period</p> <p>250.00</p>   |

SUBTOTAL of Receipts This Page (optional)

4,250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**  
**CONTRIBUTIONS FROM INDIVIDUALS/PERSONS OTHER THAN**  
**POLITICAL COMMITTEES**

**ITEMIZED RECEIPTS**

Use separate schedules  
for each category of the  
Detailed Summary Page

PAGE 8 OF 37

FOR LINE NUMBER  
11(a)(1)

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NAME OF COMMITTEE (in full)

CHRIS JOHN FOR CONGRESS COMMITTEE, INC.

000316596

|                                                                                                                                                                                                                                                                     |                                                                                                                                                   |                                            |                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>WAYNE J. BARONET<br>8358 S. LA. 13<br>CROWLEY, LA 70526<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | <b>Name of Employer</b><br>SELF-EMPLOYED<br><b>Occupation</b><br>FARMER<br><b>Aggregate Year-to-Date</b> > \$ 250.00                              | <b>Date (month, day, year)</b><br>10-22-96 | <b>Amount of Each Receipt this Period</b><br>250.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>RAYMOND HENSGENS<br>P.O. BOX 321<br>CROWLEY, LA 70527-0321<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):           | <b>Name of Employer</b><br>G & H SEED CO., INC.<br><b>Occupation</b><br>PRESIDENT<br><b>Aggregate Year-to-Date</b> > \$ 250.00                    | <b>Date (month, day, year)</b><br>10-22-96 | <b>Amount of Each Receipt this Period</b><br>250.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>TERRY P. ISTRE<br>188 CLARK RD.<br>CROWLEY, LA 70526<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                 | <b>Name of Employer</b><br>SELF-EMPLOYED<br><b>Occupation</b><br>FARMER<br><b>Aggregate Year-to-Date</b> > \$ 250.00                              | <b>Date (month, day, year)</b><br>10-22-96 | <b>Amount of Each Receipt this Period</b><br>250.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>LEE SITTIG<br>8 HENRIETTA DRIVE<br>CROWLEY, LA 70526<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                 | <b>Name of Employer</b><br>NONE<br><b>Occupation</b><br>RETIRED<br><b>Aggregate Year-to-Date</b> > \$ 250.00                                      | <b>Date (month, day, year)</b><br>10-22-96 | <b>Amount of Each Receipt this Period</b><br>250.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>ROY J. GEESEY<br>506 W. 15TH STREET<br>CROWLEY, LA 70526<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):             | <b>Name of Employer</b><br>GEESEY-FERGUSON<br>FUNERAL HOME, INC.<br><b>Occupation</b><br>PRESIDENT<br><b>Aggregate Year-to-Date</b> > \$ 1,500.00 | <b>Date (month, day, year)</b><br>10-22-96 | <b>Amount of Each Receipt this Period</b><br>500.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>MICHAEL CRATON<br>2014 PINHOOK RD., SUITE 503<br>LAFAYETTE, LA 70508<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>CRATON, STROTHER<br><b>Occupation</b><br>INSURANCE SALESMAN<br><b>Aggregate Year-to-Date</b> > \$ 500.00               | <b>Date (month, day, year)</b><br>10-22-96 | <b>Amount of Each Receipt this Period</b><br>500.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>LOLA L. TRAHAN<br>P.O. BOX 40<br>CROWLEY, LA 70527-0040<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | <b>Name of Employer</b><br>FROSTO'S DRIVE INN<br><b>Occupation</b><br>OWNER<br><b>Aggregate Year-to-Date</b> > \$ 450.00                          | <b>Date (month, day, year)</b><br>10-22-96 | <b>Amount of Each Receipt this Period</b><br>250.00 |

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

2,250.00

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

**SCHEDULE A**  
**ITEMIZED RECEIPTS**  
**CONTRIBUTIONS FROM INDIVIDUALS/PERSONS OTHER THAN**  
**POLITICAL COMMITTEES**

Use separate schedules for each category of the Detailed Summary Page

PAGE 9 OF 37

FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

CHRIS JOHN FOR CONGRESS COMMITTEE, INC.

000316596

|                                                                                                                                                                                                                                                                                    |                                                                                                                                                                  |                                            |                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>CAL R. SENECA<br>100 BELLE FONTAINE DRIVE, APT. 105<br>LAFAYETTE, LA 70506-7301<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>COPESTONE, INC.<br><br><b>Occupation</b><br>SAFETY MANAGER<br><b>Aggregate Year-to-Date</b> > \$ 1,500.00                             | <b>Date (month, day, year)</b><br>10-22-96 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>FRANK B. SLOANE, JR.<br>RT. 1, BOX 77 B 18<br>OPELOUSAS, LA 70570<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):               | <b>Name of Employer</b><br>STIEL INSURANCE<br><br><b>Occupation</b><br>ACCOUNT EXECUTIVE<br><b>Aggregate Year-to-Date</b> > \$ 2,000.00                          | <b>Date (month, day, year)</b><br>10-22-96 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>MICHELLE H. KILLEN<br>324 SILVERBELL PKWY.<br>LAFAYETTE, LA 70508-4130<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):          | <b>Name of Employer</b><br>COPESTONE SERVICES, INC.<br><br><b>Occupation</b><br>OWNER<br><b>Aggregate Year-to-Date</b> > \$ 2,000.00                             | <b>Date (month, day, year)</b><br>10-22-96 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>TIMOTHY M. HEBERT<br>326 SOUTH MAIN STREET<br>BREAUX BRIDGE, LA 70517<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):           | <b>Name of Employer</b><br>COPESTONE SERVICES, INC.<br><br><b>Occupation</b><br>ATTORNEY/<br>EXECUTIVE VICE PRES.<br><b>Aggregate Year-to-Date</b> > \$ 1,750.00 | <b>Date (month, day, year)</b><br>10-22-96 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>CLAUDIA D. HUTCHINSON<br>400 NORMANDY LANE<br>CHURCH POINT, LA 70525<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | <b>Name of Employer</b><br>NONE<br><br><b>Occupation</b><br>HOMEMAKER<br><b>Aggregate Year-to-Date</b> > \$ 2,000.00                                             | <b>Date (month, day, year)</b><br>10-22-96 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>TOMMY HEBERT<br>201 WHITCOMB RD.<br>LAFAYETTE, LA 70503<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                         | <b>Name of Employer</b><br>STIEL INSURANCE<br><br><b>Occupation</b><br>SECRETARY/TREASURER<br><b>Aggregate Year-to-Date</b> > \$ 2,000.00                        | <b>Date (month, day, year)</b><br>10-22-96 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>SCOTT L. HUTCHISON<br>5135 NICHOLSON, APT. B2B<br>BATON ROUGE, LA 70820<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):         | <b>Name of Employer</b><br>HUDCO<br><br><b>Occupation</b><br>LABORER<br><b>Aggregate Year-to-Date</b> > \$ 1,000.00                                              | <b>Date (month, day, year)</b><br>10-22-96 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |

SUBTOTAL of Receipts This Page (optional)

7,000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**  
**CONTRIBUTIONS FROM INDIVIDUALS/PERSONS OTHER THAN**  
**POLITICAL COMMITTEES**

**ITEMIZED RECEIPTS**

Use separate schedules  
for each category of the  
Detailed Summary Page

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10 37  
FOR LINE NUMBER  
11(a)(1)

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NAME OF COMMITTEE (in full)

CHRIS JOHN FOR CONGRESS COMMITTEE, INC.

CD0316596

|                                                                                                                                                                                                                                                                      |                                                                                                                    |                                     |                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>MARK H. MOORE<br>1998 ELLIS ROAD<br>IOTA, LA 70543<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                | Name of Employer<br>MOORE PETROLEUM, INC.<br><br>Occupation<br>PRESIDENT<br>Aggregate Year-to-Date > \$ 300.00     | Date (month, day, year)<br>10-22-96 | Amount of Each Receipt this Period<br>300.00   |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>CYNTHIA G. DUPREE<br>115 MOSSWOOD CIRCLE<br>LAFAYETTE, LA 70503<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):   | Name of Employer<br>NONE<br><br>Occupation<br>HOMEMAKER<br>Aggregate Year-to-Date > \$ 500.00                      | Date (month, day, year)<br>10-22-96 | Amount of Each Receipt this Period<br>500.00   |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>JOSEPH J. JOCOBS<br>251 S. LAKE AVENUE<br>PASADENA, CA 91101<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):      | Name of Employer<br>JACOBS ENGINEERING<br><br>Occupation<br>ENGINEER<br>Aggregate Year-to-Date > \$ 1,000.00       | Date (month, day, year)<br>10-22-96 | Amount of Each Receipt this Period<br>1,000.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>JAMES D. LANDRY<br>720 N. AVENUE J<br>CROWLEY, LA 70526<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):           | Name of Employer<br>LANDRY & LANDRY<br><br>Occupation<br>ATTORNEY<br>Aggregate Year-to-Date > \$ 350.00            | Date (month, day, year)<br>10-23-96 | Amount of Each Receipt this Period<br>250.00   |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>LESLIE L. ALLEN, JR.<br>19415 CREEKROUND<br>BATON ROUGE, LA 70895<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Name of Employer<br>ALLEN & LEBLANC, INC.<br><br>Occupation<br>OWNER<br>Aggregate Year-to-Date > \$ 750.00         | Date (month, day, year)<br>10-23-96 | Amount of Each Receipt this Period<br>750.00   |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>KEITH CORE<br>P.O. DRAWER 368<br>CROWLEY, LA 70527-0368<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):           | Name of Employer<br>SELF-EMPLOYED<br><br>Occupation<br>REAL ESTATE APPRAISER<br>Aggregate Year-to-Date > \$ 250.00 | Date (month, day, year)<br>10-23-96 | Amount of Each Receipt this Period<br>250.00   |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>GREGORY L. BROUSSARD<br>P.O. BOX B5<br>ESTHERWOOD, LA 70534<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):       | Name of Employer<br>DURIS TRUCKING<br><br>Occupation<br>CO-OWNER<br>Aggregate Year-to-Date > \$ 250.00             | Date (month, day, year)<br>10-23-96 | Amount of Each Receipt this Period<br>250.00   |

SUBTOTAL of Receipts This Page (optional)

3,300.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**
**ITEMIZED RECEIPTS**
**CONTRIBUTIONS FROM INDIVIDUALS/PERSONS OTHER THAN  
POLITICAL COMMITTEES**

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

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11(a)(i)

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**NAME OF COMMITTEE (in Full)**

CHRIS JOHN FOR CONGRESS COMMITTEE, INC.

C00316596

|                                                                                                                                                                                                                                                                       |                                                                                                                                                       |                                            |                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>STEPHEN T. BROUSSARD<br>P.O. BOX 292<br>ESTHERWOOD, LA 70534<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):       | <b>Name of Employer</b><br>DERIS TRUCKING<br><br><b>Occupation</b><br>CO-OWNER<br><br><b>Aggregate Year-to-Date</b> > \$ 250.00                       | <b>Date (month, day, year)</b><br>10-23-96 | <b>Amount of Each Receipt this Period</b><br>250.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>J. ANDRUS BAROUSSE<br>P.O. BOX 922<br>CROWLEY, LA 70527-0922<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):       | <b>Name of Employer</b><br>ACADIA PARISH<br><br><b>Occupation</b><br>CLERK OF COURT<br><br><b>Aggregate Year-to-Date</b> > \$ 250.00                  | <b>Date (month, day, year)</b><br>10-23-96 | <b>Amount of Each Receipt this Period</b><br>250.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>MRS. RUSSEL BENOIT<br>P.O. BOX 1329<br>CROWLEY, LA 70527-1329<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):      | <b>Name of Employer</b><br>NONE<br><br><b>Occupation</b><br>HOMEMAKER<br><br><b>Aggregate Year-to-Date</b> > \$ 350.00                                | <b>Date (month, day, year)</b><br>10-23-96 | <b>Amount of Each Receipt this Period</b><br>250.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>G. L. "MIKE" MANUEL, JR.<br>P.O. BOX 470<br>CROWLEY, LA 70527-0470<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>MANUEL OIL<br><br><b>Occupation</b><br>OWNER<br><br><b>Aggregate Year-to-Date</b> > \$ 250.00                              | <b>Date (month, day, year)</b><br>10-23-96 | <b>Amount of Each Receipt this Period</b><br>250.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>DALFRED ALLEMAN<br>710 E. ANDING<br>RAYNE, LA 70578<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                | <b>Name of Employer</b><br>NONE<br><br><b>Occupation</b><br>RETIRED<br><br><b>Aggregate Year-to-Date</b> > \$ 250.00                                  | <b>Date (month, day, year)</b><br>10-23-96 | <b>Amount of Each Receipt this Period</b><br>250.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>CAMILE ADAM<br>RT. 1, BOX 119<br>KAPLAN, LA 70548<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                  | <b>Name of Employer</b><br>NONE<br><br><b>Occupation</b><br>RETIRED<br><br><b>Aggregate Year-to-Date</b> > \$ 500.00                                  | <b>Date (month, day, year)</b><br>10-23-96 | <b>Amount of Each Receipt this Period</b><br>250.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>RANDALL WOMACK<br>6001 BELLE GROVE DRIVE<br>BATON ROUGE, LA 70820<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):  | <b>Name of Employer</b><br>HARRIS DEVILLE &<br>ASSOCIATES, INC.<br><br><b>Occupation</b><br>LOBBYIST<br><br><b>Aggregate Year-to-Date</b> > \$ 250.00 | <b>Date (month, day, year)</b><br>10-23-96 | <b>Amount of Each Receipt this Period</b><br>250.00 |

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

1,750.00

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

**SCHEDULE A**  
**CONTRIBUTIONS FROM INDIVIDUALS/PERSONS OTHER THAN**  
**POLITICAL COMMITTEES**

**ITEMIZED RECEIPTS**

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

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**NAME OF COMMITTEE (in full)**

CHRIS JOHN FOR CONGRESS COMMITTEE, INC.

C00316596

|                                                                                                                                                                                                                                                                         |                                                                                                                                     |                                            |                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>BILLIE C. FULKERSON<br>P.O. BOX 471<br>CROWLEY, LA 70527-0471<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | <b>Name of Employer</b><br>NONE<br><b>Occupation</b><br>HOMEMAKER<br><b>Aggregate Year-to-Date</b> > \$ 350.00                      | <b>Date (month, day, year)</b><br>10-23-96 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>THOMPSON BRADFORD CORE, ASA<br>P.O. DRAWER 368<br>CROWLEY, LA 70527-0368<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>SELF-EMPLOYED<br><b>Occupation</b><br>REAL ESTATE APPRIASER<br><b>Aggregate Year-to-Date</b> > \$ 400.00 | <b>Date (month, day, year)</b><br>10-23-96 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>A. M. TONY CLAYTON<br>607 ALEXANDER ST.<br>PORT ALLEN, LA 70767<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):          | <b>Name of Employer</b><br>SELF-EMPLOYED<br><b>Occupation</b><br>ATTORNEY<br><b>Aggregate Year-to-Date</b> > \$ 1,000.00            | <b>Date (month, day, year)</b><br>10-23-96 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>KENNETH E. DUTRUCH<br>1450 SEABOARD DRIVE<br>BATON ROUGE, LA 70810<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):       | <b>Name of Employer</b><br>PEC ENGINEERING<br><b>Occupation</b><br>OWNER<br><b>Aggregate Year-to-Date</b> > \$ 2,000.00             | <b>Date (month, day, year)</b><br>10-23-96 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>MRS. ADRIAN VEGA<br>405 DOYLE DRIVE<br>LAFAYETTE, LA 70508<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):               | <b>Name of Employer</b><br>ACADIANA DODGE<br><b>Occupation</b><br>CO-OWNER<br><b>Aggregate Year-to-Date</b> > \$ 1,000.00           | <b>Date (month, day, year)</b><br>10-23-96 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>DANIEL L. MIREMONT<br>6704 SECTION RD.<br>PORT ALLEN, LA 70767<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):           | <b>Name of Employer</b><br>PEC ENGINEERING<br><b>Occupation</b><br>VICE PRESIDENT<br><b>Aggregate Year-to-Date</b> > \$ 1,000.00    | <b>Date (month, day, year)</b><br>10-23-96 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>CAROLYN VEGA<br>106 NEW LONDON DRIVE<br>LAFAYETTE, LA 70508<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | <b>Name of Employer</b><br>LEE FURNITURE<br><b>Occupation</b><br>CO-OWNER<br><b>Aggregate Year-to-Date</b> > \$ 1,000.00            | <b>Date (month, day, year)</b><br>10-23-96 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |

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

5,500.00

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

**SCHEDULE A**
**ITEMIZED RECEIPTS**
**CONTRIBUTIONS FROM INDIVIDUALS/PERSONS OTHER THAN  
POLITICAL COMMITTEES**

 Use separate schedules  
for each category of the  
Detailed Summary Page

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FOR LINE NUMBER

11(a)(f)

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**NAME OF COMMITTEE (in full)**

CHRIS JOHN FOR CONGRESS COMMITTEE, INC.

C00316596

|                                                                                                                                                                                                                                                                       |                                                                                                                                                                |                                            |                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>FLORENTINO J. VEGA<br>205 CHASTANT BLVD.<br>LAFAYETTE, LA 70508<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):    | <b>Name of Employer</b><br>LEE FURNITURE<br><br><b>Occupation</b><br>CO-OWNER<br><b>Aggregate Year-to-Date</b> > \$ 1,000.00                                   | <b>Date (month, day, year)</b><br>10-23-96 | <b>Amount of Each Receipt this Period</b><br><br>1,000.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>CHRISTA BILLEAUD<br>129 WOODSTOCK DRIVE<br>YOUNGSSVILLE, LA 70592<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):  | <b>Name of Employer</b><br>COLUMBIA WONEMS &<br>CHILDRENS HOSPITAL<br><br><b>Occupation</b><br>REGISTERED NURSE<br><b>Aggregate Year-to-Date</b> > \$ 1,000.00 | <b>Date (month, day, year)</b><br>10-23-96 | <b>Amount of Each Receipt this Period</b><br><br>1,000.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>ADRIAN VEGA<br>405 DOYLE DRIVE<br>LAFAYETTE, LA 70508<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | <b>Name of Employer</b><br>ACADIANA DODGE<br><br><b>Occupation</b><br>CO-OWNER<br><b>Aggregate Year-to-Date</b> > \$ 1,000.00                                  | <b>Date (month, day, year)</b><br>10-23-96 | <b>Amount of Each Receipt this Period</b><br><br>1,000.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>DON P. HARGRODER<br>P.O. BOX 90505<br>LAFAYETTE, LA 70506<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):          | <b>Name of Employer</b><br>COURTESY MOTORS<br><br><b>Occupation</b><br>SALESMAN<br><b>Aggregate Year-to-Date</b> > \$ 1,000.00                                 | <b>Date (month, day, year)</b><br>10-23-96 | <b>Amount of Each Receipt this Period</b><br><br>1,000.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>MATTHEW HARDY<br>1027 W. 11TH AVE.<br>COVINGTON, LA 70433<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):          | <b>Name of Employer</b><br>NEW PARK RESOURCES<br><br><b>Occupation</b><br>VICE PRESIDENT - FINANCE<br><b>Aggregate Year-to-Date</b> > \$ 1,000.00              | <b>Date (month, day, year)</b><br>10-23-96 | <b>Amount of Each Receipt this Period</b><br><br>1,000.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>W. THOMAS BALLANTINE<br>7009 LONGVUE DRIVE<br>MANDEVILLE, LA 70448<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>NEW PARK RESOURCES<br><br><b>Occupation</b><br>EXECUTIVE<br>VICE PRESIDENT<br><b>Aggregate Year-to-Date</b> > \$ 1,000.00           | <b>Date (month, day, year)</b><br>10-23-96 | <b>Amount of Each Receipt this Period</b><br><br>1,000.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>TEX GREEN<br>2401 COTEAU RODAIRE HWY.<br>ARNAUDVILLE, LA 70512<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):     | <b>Name of Employer</b><br>SOLOCO<br><br><b>Occupation</b><br>SPECIAL PROJECTS MGR.<br><b>Aggregate Year-to-Date</b> > \$ 2,000.00                             | <b>Date (month, day, year)</b><br>10-23-96 | <b>Amount of Each Receipt this Period</b><br><br>1,000.00 |

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

7,000.00

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

**SCHEDULE A**  
**CONTRIBUTIONS FROM INDIVIDUALS/PERSONS OTHER THAN**  
**POLITICAL COMMITTEES**

**ITEMIZED RECEIPTS**

Use separate schedules for each category of the Detailed Summary Page

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FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

CHRIS JOHN FOR CONGRESS COMMITTEE, INC.

C00316596

|                                                                                                                                                                                                                                                                           |                                                                                                                                           |                                            |                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>JAMES D. COLE<br>3 HUMMINGBIRD<br>COVINGTON, LA 70433<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                      | <b>Name of Employer</b><br>NEW PARK RESOURCES<br><b>Occupation</b><br>PRESIDENT<br><b>Aggregate Year-to-Date</b> > \$ 1,000.00            | <b>Date (month, day, year)</b><br>10-23-96 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>MILDRED ROY MCELLIGOTT<br>127 SHANNON RD.<br>LAFAYETTE, LA 70503<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):           | <b>Name of Employer</b><br>MACRO OIL<br><b>Occupation</b><br>PRESIDENT<br><b>Aggregate Year-to-Date</b> > \$ 500.00                       | <b>Date (month, day, year)</b><br>10-23-96 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>CHARLES F. DAIGLE, LT. COL., USAF<br>1066 BRIGMAN HWY.<br>EUNICE, LA 70535<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>NONE<br><b>Occupation</b><br>RETIRED<br><b>Aggregate Year-to-Date</b> > \$ 300.00                              | <b>Date (month, day, year)</b><br>10-23-96 | <b>Amount of Each Receipt this Period</b><br>300.00   |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>DONNA D. FRAICHE<br>601 POYDRAS ST., STE. 2400<br>NEW ORLEANS, LA 70130<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):    | <b>Name of Employer</b><br>LOCKE, PURRELL, ROIN.<br>HARRELL<br><b>Occupation</b><br>ATTORNEY<br><b>Aggregate Year-to-Date</b> > \$ 250.00 | <b>Date (month, day, year)</b><br>10-23-96 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>PHILIP E. LIZOTTE<br>1504 E. BAYOU PARKWAY<br>LAFAYETTE, LA 70508<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):          | <b>Name of Employer</b><br>BROADCASTER PARTNERS, INC.<br><b>Occupation</b><br>BROADCASTER<br><b>Aggregate Year-to-Date</b> > \$ 500.00    | <b>Date (month, day, year)</b><br>10-23-96 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>JOHN F. CRATON<br>211 N. PARKERSON AVE.<br>CROWLEY, LA 70527-1305<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):          | <b>Name of Employer</b><br>BAROUSSE & CRATON<br><b>Occupation</b><br>ATTORNEY<br><b>Aggregate Year-to-Date</b> > \$ 250.00                | <b>Date (month, day, year)</b><br>10-23-96 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>ERNIE P. BROUSSARD<br>P.O. DRAWER 9<br>ESTHERWOOD, LA 70534-0009<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):           | <b>Name of Employer</b><br>NONE<br><b>Occupation</b><br>RETIRED<br><b>Aggregate Year-to-Date</b> > \$ 350.00                              | <b>Date (month, day, year)</b><br>10-23-96 | <b>Amount of Each Receipt this Period</b><br>250.00   |

SUBTOTAL of Receipts This Page (optional)

2,800.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**  
**CONTRIBUTIONS FROM INDIVIDUALS/PERSONS OTHER THAN**  
**POLITICAL COMMITTEES**

**ITEMIZED RECEIPTS**

See separate schedules  
for each category of the  
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FOR LINE NUMBER  
11(a)(1)

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NAME OF COMMITTEE (in full)

CHRIS JOHN FOR CONGRESS COMMITTEE, INC.

C00316596

|                                                                                                                                                                                                                                                                          |                                                                                                                                                     |                                            |                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>MRS. E. R. FOGLEMAN, JR.<br>P.O. BOX 681<br>CROWLEY, LA 70527-0681<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):    | <b>Name of Employer</b><br>NONE<br><br><b>Occupation</b><br>HOMEMAKER<br><br><b>Aggregate Year-to-Date</b> > \$ 250.00                              | <b>Date (month, day, year)</b><br>10-23-96 | <b>Amount of Each Receipt this Period</b><br>250.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>J. B. BROUSSARD<br>P.O. DRAWER 9<br>ESTHERWOOD, LA 70534<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | <b>Name of Employer</b><br>BROUSSARD RICE MILL<br><br><b>Occupation</b><br>DIRECTOR<br><br><b>Aggregate Year-to-Date</b> > \$ 450.00                | <b>Date (month, day, year)</b><br>10-23-96 | <b>Amount of Each Receipt this Period</b><br>250.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>ROLAND ANDRUS<br>798 ST. MARGGRET RD.<br>CHURCH POINT, LA 70525<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):       | <b>Name of Employer</b><br>SELF-EMPLOYED<br><br><b>Occupation</b><br>FARMER<br><br><b>Aggregate Year-to-Date</b> > \$ 250.00                        | <b>Date (month, day, year)</b><br>10-23-96 | <b>Amount of Each Receipt this Period</b><br>250.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>JULES MARAIST<br>503 E. 2ND ST.<br>CROWLEY, LA 70526<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                  | <b>Name of Employer</b><br>NONE<br><br><b>Occupation</b><br>RETIRED<br><br><b>Aggregate Year-to-Date</b> > \$ 250.00                                | <b>Date (month, day, year)</b><br>10-23-96 | <b>Amount of Each Receipt this Period</b><br>250.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>J. A. GEORGE, M.D.<br>626 E. PERRODIN<br>RAYNE, LA 70576<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | <b>Name of Employer</b><br>SELF-EMPLOYED<br><br><b>Occupation</b> DOCTOR -<br>GENERAL PRACTITIONER<br><br><b>Aggregate Year-to-Date</b> > \$ 250.00 | <b>Date (month, day, year)</b><br>10-23-96 | <b>Amount of Each Receipt this Period</b><br>250.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>WILLARD J. RICHARD<br>336 W. PLAQUEMINE ST.<br>CHURCH POINT, LA 70525<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>THRIFTY WAY PHARMACY<br><br><b>Occupation</b><br>OWNER<br><br><b>Aggregate Year-to-Date</b> > \$ 250.00                  | <b>Date (month, day, year)</b><br>10-23-96 | <b>Amount of Each Receipt this Period</b><br>250.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>TED BEAULLIEU, JR.<br>109 TACKABERRY RD.<br>LAFAYETTE, LA 70503<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):       | <b>Name of Employer</b><br>BEAULLIEU & ASSOCIATES,<br>INC.<br><br><b>Occupation</b><br>ENGINEER<br><br><b>Aggregate Year-to-Date</b> > \$ 250.00    | <b>Date (month, day, year)</b><br>10-23-96 | <b>Amount of Each Receipt this Period</b><br>250.00 |

SUBTOTAL of Receipts This Page (optional)

1,750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**
**ITEMIZED RECEIPTS**
**CONTRIBUTIONS FROM INDIVIDUALS/PERSONS OTHER THAN  
POLITICAL COMMITTEES**

 Use separate schedules  
for each category of the  
Detailed Summary Page

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**NAME OF COMMITTEE (in Full)**

CHRIS JOHN FOR CONGRESS COMMITTEE, INC.

C00316596

|                                                                                                                                                                                                                                                                            |                                                                                                                                                     |                                            |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>ENOLA LIBBY<br>105 S. EASTERN<br>CROWLEY, LA 70526<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                      | <b>Name of Employer</b><br>LIBBY AIR<br>CONDITIONING, INC.<br><br><b>Occupation</b><br>CO-OWNER<br><br><b>Aggregate Year-to-Date</b> > \$ 225.00    | <b>Date (month, day, year)</b><br>10-23-96 | <b>Amount of Each Receipt this Period</b><br>125.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>W. J. LECHTENBERY, JR.<br>419 JEFFERSON DRIVE<br>LAKE CHARLES, LA 70605<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>LEVINGSTON ENGINEERS<br><br><b>Occupation</b><br>SENIOR PROJECT MANAGER<br><br><b>Aggregate Year-to-Date</b> > \$ 500.00 | <b>Date (month, day, year)</b><br>10-24-96 | <b>Amount of Each Receipt this Period</b><br>250.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>JIMMY SOILEAU<br>1032 KIRKMAN STREET<br>LAKE CHARLES, LA 70601-5316<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):     | <b>Name of Employer</b><br>LINED PRODUCTS<br><br><b>Occupation</b><br>PRESIDENT<br><br><b>Aggregate Year-to-Date</b> > \$ 250.00                    | <b>Date (month, day, year)</b><br>11-24-96 | <b>Amount of Each Receipt this Period</b><br>250.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>WYOLENE DAVIS<br>913 CARROLL STREET<br>WEST LAKE, LA 70669-5101<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):         | <b>Name of Employer</b><br>SOUTHERN INDUSTRIES,<br>INC.<br><br><b>Occupation</b><br>OFFICE MANAGER<br><br><b>Aggregate Year-to-Date</b> > \$ 500.00 | <b>Date (month, day, year)</b><br>10-24-96 | <b>Amount of Each Receipt this Period</b><br>250.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>MRS. TIMOTHY BOWLING<br>251 PRESIDENTIAL<br>LAKE CHARLES, LA 70611<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):      | <b>Name of Employer</b><br>SNIDER ELECTRIC<br><br><b>Occupation</b><br>OWNER<br><br><b>Aggregate Year-to-Date</b> > \$ 500.00                       | <b>Date (month, day, year)</b><br>10-24-96 | <b>Amount of Each Receipt this Period</b><br>500.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>JAMES H. CURETON<br>200 HEBERT RD.<br>LAKE CHARLES, LA 70605<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | <b>Name of Employer</b><br>CUSTOM METAL<br>FABRICATORS<br><br><b>Occupation</b><br>PRESIDENT<br><br><b>Aggregate Year-to-Date</b> > \$ 750.00       | <b>Date (month, day, year)</b><br>10-24-96 | <b>Amount of Each Receipt this Period</b><br>500.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>GRANT PRICE<br>7108 SHADOW ST.<br>LAKE CHARLES, LA 70605<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                | <b>Name of Employer</b><br>CED<br><br><b>Occupation</b><br>SALES<br><br><b>Aggregate Year-to-Date</b> > \$ 500.00                                   | <b>Date (month, day, year)</b><br>10-24-96 | <b>Amount of Each Receipt this Period</b><br>500.00 |

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

2,375.00

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

**SCHEDULE A**  
**ITEMIZED RECEIPTS**  
**CONTRIBUTIONS FROM INDIVIDUALS/PERSONS OTHER THAN**  
**POLITICAL COMMITTEES**

Use separate schedules  
for each category of the  
Detailed Summary Page

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FOR LINE NUMBER  
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**NAME OF COMMITTEE (in Full)**

CHRIS JOHN FOR CONGRESS COMMITTEE, INC.

000316596

|                                                                                                                                                                                                                                                                            |                                                                                                                             |                                     |                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>BENNETT BOYD ANDERSON, JR.<br>P.O. BOX 3524<br>LAFAYETTE, LA 70502-3524<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Name of Employer<br>SELF-EMPLOYED<br><br>Occupation<br>ATTORNEY<br>Aggregate Year-to-Date > \$ 500.00                       | Date (month, day, year)<br>10-24-96 | Amount of Each Receipt this Period<br>500.00   |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>RICHARD E. REAUX<br>200 BURLINGTON AVE.<br>BROUSSARD, LA 70518<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):          | Name of Employer<br>DOWNHOLE PRESSURE, INC.<br><br>Occupation<br>PRESIDENT<br>Aggregate Year-to-Date > \$ 500.00            | Date (month, day, year)<br>10-24-96 | Amount of Each Receipt this Period<br>500.00   |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>RONALD C. SHULTZ<br>P.O. BOX 754<br>JENNINGS, LA 70546<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                  | Name of Employer<br>RONALD C. SHULTZ OIL PROPERTIES<br><br>Occupation<br>LEASE BROKER<br>Aggregate Year-to-Date > \$ 700.00 | Date (month, day, year)<br>10-24-96 | Amount of Each Receipt this Period<br>500.00   |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>CHARLES R. MILAM<br>P.O. BOX 53787<br>LAFAYETTE, LA 70505<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):               | Name of Employer<br>PETRO DRIVE, INC.<br><br>Occupation<br>PRESIDENT<br>Aggregate Year-to-Date > \$ 1,500.00                | Date (month, day, year)<br>10-24-96 | Amount of Each Receipt this Period<br>500.00   |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>MICHAEL T. SELGER<br>205 FOXWORTH<br>LAFAYETTE, LA 70506<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                | Name of Employer<br>PPM CONTRACTORS<br><br>Occupation<br>CONTRACTOR<br>Aggregate Year-to-Date > \$ 1,500.00                 | Date (month, day, year)<br>10-24-96 | Amount of Each Receipt this Period<br>500.00   |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>MARVIN PAGGEN<br>1320 LAURA STREET<br>SULPHUR, LA 70663-3826<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | Name of Employer<br>W. R. GRACE, INC.<br><br>Occupation<br>PLANT MANAGER<br>Aggregate Year-to-Date > \$ 2,000.00            | Date (month, day, year)<br>10-24-96 | Amount of Each Receipt this Period<br>1,000.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>DAVID R. REATROP<br>2006 PLANTATION DRIVE<br>LAKE CHARLES, LA 70605<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):     | Name of Employer<br>W. R. GRACE, INC.<br><br>Occupation<br>ENGINEER<br>Aggregate Year-to-Date > \$ 1,000.00                 | Date (month, day, year)<br>10-24-96 | Amount of Each Receipt this Period<br>1,000.00 |

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

4,500.00

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

**SCHEDULE A**  
**CONTRIBUTIONS FROM INDIVIDUALS/PERSONS OTHER THAN**  
**POLITICAL COMMITTEES**

**ITEMIZED RECEIPTS**

Use separate schedules  
for each category of the  
Detailed Summary Page

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FOR LINE NUMBER  
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NAME OF COMMITTEE (in full)

CHRIS JOHN FOR CONGRESS COMMITTEE, INC.

C00316596

|                                                                                                                                                                                                                                                                                  |                                                                                                                                                     |                                     |                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>G. WAYNE SMITH<br>3412 P STREET N.W.<br>WASHINGTON, DC 20007<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                  | Name of Employer<br>THE POTOMAC GROUP<br><br>Occupation<br>GOVERNMENT RELATIONS<br>Aggregate Year-to-Date > \$ 250.00                               | Date (month, day, year)<br>10-25-96 | Amount of Each Receipt this Period<br>250.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>LESLIE OWEN HAYES<br>2053 MAYFAIR MCLEAN COURT<br>FALLS CHURCH, VA 22043<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):      | Name of Employer<br>HAYES, DOMENICI, NUNN<br><br>Occupation<br>EVENT PLANNER<br>Aggregate Year-to-Date > \$ 250.00                                  | Date (month, day, year)<br>10-25-96 | Amount of Each Receipt this Period<br>250.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>JAN SCHOONMAKER<br>147 E. STREET S.E.<br>WASHINGTON, DC 20003<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                 | Name of Employer<br>VAN SCOYOE ASSOC.<br><br>Occupation<br>LEGISLATIVE CONSULTANT<br>Aggregate Year-to-Date > \$ 250.00                             | Date (month, day, year)<br>10-25-96 | Amount of Each Receipt this Period<br>250.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>ROBERT STERNHELL<br>27 ALLARD BLVD.<br>NEW ORLEANS, LA 70119<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                  | Name of Employer<br>COMPUTRAIN LIMITED<br><br>Occupation<br>PRESIDENT<br>Aggregate Year-to-Date > \$ 1,500.00                                       | Date (month, day, year)<br>10-25-96 | Amount of Each Receipt this Period<br>500.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>N. HUNTER JOHNSTON<br>1776 EYE STREET, N.W., STE. 245<br>WASHINGTON, DC 20006<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Name of Employer<br>JONES WALKER WAECHTER<br>POITEVENT CARRERE<br>& DENEGRÉ<br><br>Occupation<br>ATTORNEY<br>Aggregate Year-to-Date > \$ 500.00     | Date (month, day, year)<br>10-25-96 | Amount of Each Receipt this Period<br>500.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>CHARLIE MCBRIDE<br>1702 - 19TH STREET N.W.<br>WASHINGTON, DC 20009<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | Name of Employer<br>CHARLIE MCBRIDE<br>ASSOCIATES, INC.<br><br>Occupation<br>CONSULTANT<br>Aggregate Year-to-Date > \$ 1,500.00                     | Date (month, day, year)<br>10-25-96 | Amount of Each Receipt this Period<br>500.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>R. CHRISTIAN JOHNSON<br>2810 N. GLADE STREET N.W.<br>WASHINGTON, DC 200016<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):    | Name of Employer<br>JONES WALKER WAECHTER<br>POITEVENT CARRERE<br>& DENEGRÉ LLP<br><br>Occupation<br>ATTORNEY<br>Aggregate Year-to-Date > \$ 500.00 | Date (month, day, year)<br>10-25-96 | Amount of Each Receipt this Period<br>500.00 |

SUBTOTAL of Receipts This Page (optional)

2,750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**  
**CONTRIBUTIONS FROM INDIVIDUALS/PERSONS OTHER THAN**  
**POLITICAL COMMITTEES**

**ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER  
11(a)(i)

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NAME OF COMMITTEE (in full)

CHRIS JOHN FOR CONGRESS COMMITTEE, INC.

COD316596

|                                                                                                                                                                                                                                                                                |                                                                                                                                                                  |                                            |                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>JUDY ANN OZZARD-LOW<br>306 POMEROL PLACE<br>MAURICE, LA 70555<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):               | <b>Name of Employer</b><br>COPESTONE<br><br><b>Occupation</b><br>EXECUTIVE SECRETARY<br><br><b>Aggregate Year-to-Date</b> > \$ 2,000.00                          | <b>Date (month, day, year)</b><br>10-24-96 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>AJP OZZARD-LOW<br>306 POMEROL PLACE<br>MAURICE, LA 70555<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                    | <b>Name of Employer</b><br>NEYFOR TURBODRILLING<br><br><b>Occupation</b><br>BASE-SALES MANAGER<br><br><b>Aggregate Year-to-Date</b> > \$ 1,000.00                | <b>Date (month, day, year)</b><br>10-24-96 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>RHONDA NETTLES-CHAUVIN<br>221 VEROT SCHOOL ROAD #131<br>LAFAYETTE, LA 70508<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>SIMPLY FASHION<br><br><b>Occupation</b><br>MANAGER<br><br><b>Aggregate Year-to-Date</b> > \$ 1,000.00                                 | <b>Date (month, day, year)</b><br>10-24-96 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>MANLY CHAUVIN, JR.<br>221 VEROT SCHOOL ROAD #131<br>LAFAYETTE, LA 70508<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):     | <b>Name of Employer</b><br>WIRELINE SPECIALIST OF LA<br><br><b>Occupation</b><br>VICE PRESIDENT OF OPERATIONS<br><br><b>Aggregate Year-to-Date</b> > \$ 2,000.00 | <b>Date (month, day, year)</b><br>10-24-96 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>MRS. STEPHEN W. MILLER<br>163 LA RUE VII<br>LAFAYETTE, LA 70508<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):             | <b>Name of Employer</b><br>DR. CHARLES A. BERNARD III, DDS<br><br><b>Occupation</b><br>DENTAL HYGENIST<br><br><b>Aggregate Year-to-Date</b> > \$ 1,000.00        | <b>Date (month, day, year)</b><br>10-24-96 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>KATHRYN M. KILLEEN<br>113 CANTERBURY RD.<br>LAFAYETTE, LA 70503<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):             | <b>Name of Employer</b><br>RAMCO<br><br><b>Occupation</b><br>SECRETARY/TREASURER<br><br><b>Aggregate Year-to-Date</b> > \$ 300.00                                | <b>Date (month, day, year)</b><br>10-28-96 | <b>Amount of Each Receipt this Period</b><br>300.00   |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>SHERMAN A. SCOTT<br>P.O. BOX 129<br>BROUSSARD, LA 70518<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                     | <b>Name of Employer</b><br>DELMAR SYSTEMS<br><br><b>Occupation</b><br>PRESIDENT<br><br><b>Aggregate Year-to-Date</b> > \$ 2,000.00                               | <b>Date (month, day, year)</b><br>10-28-96 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |

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

6,300.00

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

**SCHEDULE A** **ITEMIZED RECEIPTS**  
**CONTRIBUTIONS FROM INDIVIDUALS/PERSONS OTHER THAN**  
**POLITICAL COMMITTEES**

Use separate schedules  
for each category of the  
Detailed Summary Page

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FOR LINE NUMBER  
11(a)(1)

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**NAME OF COMMITTEE (In Full)**

CHRIS JOHN FOR CONGRESS COMMITTEE, INC.

COD316596

|                                                                                                                                               |                                                              |                                                                      |                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>ANNETTE SMITH HUBER<br>603 VANESSA STREET<br>HOUMA, LA 70360                             | <b>Name of Employer</b><br>TERREBONNE GEN. MEDICAL<br>CENTER | <b>Date (month,<br/>           day, year)</b><br>10-28-96            | <b>Amount of Each<br/>           Receipt this Period</b><br>1,000.00         |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b> ASST. DIRECTOR-<br>HUMAN RESOURCES         | <b>Aggregate Year-to-Date</b> \$ 2,000.00                            |                                                                              |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>E. THEODORE LABORDE<br>2926 ST. CHARLES STREET<br>NEW ORLEANS, LA 70115                  | <b>Name of Employer</b><br>MARSH & MCLENNAN, INC.            | <b>Date (month,<br/>           day, year)</b><br>10-28-96            | <b>Amount of Each<br/>           Receipt this Period</b><br>500.00           |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>MANAGING DIRECTOR                       | <b>Aggregate Year-to-Date</b> \$ 500.00                              |                                                                              |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>THOMAS R. GALLOWAY, SR.<br>P.O. DRAWER 3030<br>LAFAYETTE, LA 70502-3030                  | <b>Name of Employer</b><br>COMMERCE CORP. OF<br>AMERICA      | <b>Date (month,<br/>           day, year)</b><br>10-28-96            | <b>Amount of Each<br/>           Receipt this Period</b><br>1,000.00         |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>BUSINESS EXECUTIVE                      | <b>Aggregate Year-to-Date</b> \$ 2,000.00                            |                                                                              |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>DALE TILLMAN<br>RT. 1, BOX 50<br>LEESVILLE, LA 71446                                     | <b>Name of Employer</b><br>NONE                              | <b>Date (month,<br/>           day, year)</b><br>10-28-96            | <b>Amount of Each<br/>           Receipt this Period</b><br>500.00           |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>HOMEMAKER                               | <b>Aggregate Year-to-Date</b> \$ 500.00                              |                                                                              |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>JOHN J. BURDIN, JR.<br>509 LAWRENCE AVE.<br>LAFAYETTE, LA 70503                          | <b>Name of Employer</b><br>LA HEALTH SYSTEMS                 | <b>Date (month,<br/>           day, year)</b><br>10-28-96            | <b>Amount of Each<br/>           Receipt this Period</b><br>500.00           |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>HEALTH CARE MANAGER                     | <b>Aggregate Year-to-Date</b> \$ 1,000.00                            |                                                                              |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>RODNEY SIMON<br>506 GIN<br>ERATH, LA 70533                                               | <b>Name of Employer</b><br>DISCOUNT TOY CENTER               | <b>Date (month,<br/>           day, year)</b><br>10-28-96            | <b>Amount of Each<br/>           Receipt this Period</b><br>500.00           |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>OWNER                                   | <b>Aggregate Year-to-Date</b> \$ 500.00                              |                                                                              |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>DAVID DWIGHT<br>901 LAKESHORE DRIVE, SUITE 560<br>LAKE CHARLES, LA 70601                 | <b>Name of Employer</b><br>SELF-EMPLOYED                     | <b>Date (month,<br/>           day, year)</b><br>10-28-96<br>11-6-96 | <b>Amount of Each<br/>           Receipt this Period</b><br>250.00<br>250.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>ATTORNEY                                | <b>Aggregate Year-to-Date</b> \$ 500.00                              |                                                                              |

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

4,500.00

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

**SCHEDULE A**  
**CONTRIBUTIONS FROM INDIVIDUALS/PERSONS OTHER THAN**  
**POLITICAL COMMITTEES**

**ITEMIZED RECEIPTS**

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

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FDR LINE NUMBER 11(a)(i)

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**NAME OF COMMITTEE (in Full)**

CHRIS JOHN FOR CONGRESS COMMITTEE, INC.

C00316596

|                                                                                                                                                                                                                                                                                       |                                                                                                                                                    |                                                                               |                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>THEODORE JONES<br>P O BOX 65122<br>BATON ROUGE, LA 70896-5122<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                      | <b>Name of Employer</b><br>SELF-EMPLOYED<br><br><b>Occupation</b><br>ATTORNEY<br><b>Aggregate Year-to-Date</b> > \$ 840.50                         | <b>Date (month, day, year)</b><br>10-28-96                                    | <b>Amount of Each Receipt this Period</b><br>250.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>ELTON L. WILLIAMS, JR.<br>3007 SURRY LANE<br>LAKE CHARLES, LA 70605-3937<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):           | <b>Name of Employer</b><br>LAKE CHARLES MEMORIAL HOSPITAL<br><br><b>Occupation</b><br>PRESIDENT<br><b>Aggregate Year-to-Date</b> > \$ 250.00       | <b>Date (month, day, year)</b><br>10-28-96                                    | <b>Amount of Each Receipt this Period</b><br>250.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>BRADFORD H. MAYO<br>916 CLARENCE STREET<br>LAKE CHARLES, LA 70601-5420<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):             | <b>Name of Employer</b><br>MAYO LAND TITLE CO., INC.<br><br><b>Occupation</b><br>ABTRACTOR<br><b>Aggregate Year-to-Date</b> > \$ 250.00            | <b>Date (month, day, year)</b><br>10-30-96                                    | <b>Amount of Each Receipt this Period</b><br>250.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>FRANK C. MILLER, JR.<br>3422 HOLLY HILL RD.<br>LAKE CHARLES, LA 70605<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | <b>Name of Employer</b><br>F. MILLER & SONS, INC.<br><br><b>Occupation</b><br>CIVIL ENGINEER<br><b>Aggregate Year-to-Date</b> > \$ 250.00          | <b>Date (month, day, year)</b><br>10-30-96                                    | <b>Amount of Each Receipt this Period</b><br>250.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>CHARLES W. MILLER<br>BLDG. G, 804 COLUMBIA SOUTHERN RD.<br>WESTLAKE, LA 70669-9479<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>CHARLES MILLER CONST., INC.<br><br><b>Occupation</b><br>GENERAL CONTRACTOR<br><b>Aggregate Year-to-Date</b> > \$ 250.00 | <b>Date (month, day, year)</b><br>10-30-96                                    | <b>Amount of Each Receipt this Period</b><br>250.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>G. A. MCELVEEN, JR.<br>11 LITTLE DRIVE<br>LAKE CHARLES, LA 70605-6118<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | <b>Name of Employer</b><br>MCELVEEN INSURANCE AGENCY<br><br><b>Occupation</b><br>OWNER<br><b>Aggregate Year-to-Date</b> > \$ 250.00                | <b>Date (month, day, year)</b><br>10-30-96                                    | <b>Amount of Each Receipt this Period</b><br>250.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>PACHE' ASSOCIATES, LTD.<br>224 RUE DEJEAN, SUITE 200<br>LAFAYETTE, LA 70508-3280<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):   | <b>Name of Employer</b><br>(PARTNERSHIP)<br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 250.00                                 | <b>Date (month, day, year)</b><br>10-30-96<br><br>(SEE ATTRIBUTION FOLLOWING) | <b>Amount of Each Receipt this Period</b><br>250.00 |

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

1,750.00

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

**SCHEDULE A** **ITEMIZED RECEIPTS**  
**CONTRIBUTIONS FROM INDIVIDUALS/PERSONS OTHER THAN**  
**POLITICAL COMMITTEES**

Use separate schedules  
for each category of the  
Detailed Summary Page

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FOR LINE NUMBER  
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**NAME OF COMMITTEE (in full)**

CHRIS JOHN FOR CONGRESS COMMITTEE, INC.

C00316596

|                                                                                                                                                                                                                                                                        |                                                                                                                                         |                                            |                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>JAMES POCHE<br>224 RUE DEJEAN, SUITE 200<br>LAFAYETTE, LA 70508<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):     | <b>Name of Employer</b><br>POCHE ASSOCIATES, LTD.<br><br><b>Occupation</b><br>ARCHITECTS/ENGINEER<br>Aggregate Year-to-Date > \$ 187.50 | <b>Date (month, day, year)</b><br>10-30-96 | <b>Amount of Each Receipt this Period</b><br>187.50 MEMO |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>PHILIPPE PROUIT<br>224 RUE DEJEAN, SUITE 200<br>LAFAYETTE, LA 70508<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>POCHE ASSOCIATES, LTD.<br><br><b>Occupation</b><br>ARCHITECTS/ENGINEER<br>Aggregate Year-to-Date > \$ 37.50  | <b>Date (month, day, year)</b><br>10-30-96 | <b>Amount of Each Receipt this Period</b><br>37.50 MEMO  |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>JUDY BROUSSARD<br>224 RUE DEJEAN, SUITE 200<br>LAFAYETTE, LA 70508<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):  | <b>Name of Employer</b><br>POCHE ASSOCIATES, LTD.<br><br><b>Occupation</b><br>ARCHITECTS/ENGINEER<br>Aggregate Year-to-Date > \$ 25.00  | <b>Date (month, day, year)</b><br>10-30-96 | <b>Amount of Each Receipt this Period</b><br>25.00 MEMO  |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>DOUG ASHY<br>4950 JOHNSTON STREET<br>LAFAYETTE, LA 70503<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | <b>Name of Employer</b><br>DOUG ASHY BUILDING MATERIALS<br><br><b>Occupation</b><br>OWNER<br>Aggregate Year-to-Date > \$ 1,500.00       | <b>Date (month, day, year)</b><br>10-30-96 | <b>Amount of Each Receipt this Period</b><br>500.00      |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>RAY TODD, JR.<br>3013 SURRY LANE<br>LAKE CHARLES, LA 70605<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):          | <b>Name of Employer</b><br>MCELVEEN INSURANCE<br><br><b>Occupation</b><br>OWNER<br>Aggregate Year-to-Date > \$ 500.00                   | <b>Date (month, day, year)</b><br>10-30-96 | <b>Amount of Each Receipt this Period</b><br>250.00      |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>HELEN A. POPE<br>1153 INGLESIDE DRIVE<br>BATON ROUGE, LA 70806<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):      | <b>Name of Employer</b><br>FLANNERY OAKS GUEST HOUSE<br><br><b>Occupation</b><br>PRESIDENT<br>Aggregate Year-to-Date > \$ 250.00        | <b>Date (month, day, year)</b><br>10-31-96 | <b>Amount of Each Receipt this Period</b><br>250.00      |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>HOPE M. WIMBERLY<br>P.O. DRAWER C<br>CHURCH POINT, LA 70525<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):         | <b>Name of Employer</b><br>VIDRINE & WIMBERLY<br><br><b>Occupation</b><br>PARTNER/ATTORNEY<br>Aggregate Year-to-Date > \$ 250.00        | <b>Date (month, day, year)</b><br>10-31-96 | <b>Amount of Each Receipt this Period</b><br>250.00      |

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

1,250.00

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

**SCHEDULE A**  
**CONTRIBUTIONS FROM INDIVIDUALS/PERSONS OTHER THAN**  
**POLITICAL COMMITTEES**

**ITEMIZED RECEIPTS**

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

PAGE 23 OF 37  
 FOR LINE NUMBER  
 11(a)(i)

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NAME OF COMMITTEE (in full)

CHRIS JOHN FOR CONGRESS COMMITTEE, INC.

C00316596

|                                                                                                                                               |                                                                                                 |                                            |                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>MICHAEL W. LEBLANC<br>15755 ANTIETAM AVE.<br>BATON ROUGE, LA 70817                       | <b>Name of Employer</b><br>LEBLANC GROUP, INC.<br><b>Occupation</b><br>ARCHITECT                | <b>Date (month, day, year)</b><br>10-31-96 | <b>Amount of Each Receipt this Period</b><br>250.00      |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 250.00                                                       |                                            |                                                          |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>JAMES A. COUCH<br>203 BUDDY COOPER RD.<br>SINGER, LA 70660                               | <b>Name of Employer</b><br>INTERNATIONAL MAINTENANCE<br><b>Occupation</b><br>OPERATIONS MANAGER | <b>Date (month, day, year)</b><br>10-31-96 | <b>Amount of Each Receipt this Period</b><br>750.00      |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 750.00                                                       |                                            |                                                          |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>VERNON MOVING & STORAGE CO.<br>P.O. BOX 1507<br>LEESVILLE, LA 71446                      | <b>Name of Employer</b><br>(PARTNERSHIP)<br><b>Occupation</b>                                   | <b>Date (month, day, year)</b><br>10-31-96 | <b>Amount of Each Receipt this Period</b><br>500.00      |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 500.00                                                       |                                            | (SEE ATTRIBUTION BELOW)                                  |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>JIM SHEPROFF, JR.<br>P.O. BOX 1507<br>LEESVILLE, LA 71446                                | <b>Name of Employer</b><br>VERNON MOVING & STORAGE<br><b>Occupation</b><br>MOVER                | <b>Date (month, day, year)</b><br>10-31-96 | <b>Amount of Each Receipt this Period</b><br>250.00 MEMO |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 250.00                                                       |                                            |                                                          |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>JIM SHEPROFF, SR.<br>P.O. BOX 1507<br>LEESVILLE, LA 71446                                | <b>Name of Employer</b><br>VERNON MOVING & STORAGE<br><b>Occupation</b><br>MOVER                | <b>Date (month, day, year)</b><br>10-31-96 | <b>Amount of Each Receipt this Period</b><br>250.00 MEMO |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 250.00                                                       |                                            |                                                          |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>TOMMY CURTIS<br>600 JEFFERSON STREET, SUITE 603<br>LAFAYETTE, LA 70503                   | <b>Name of Employer</b><br>SELF-EMPLOYED<br><b>Occupation</b><br>ATTORNEY                       | <b>Date (month, day, year)</b><br>10-31-96 | <b>Amount of Each Receipt this Period</b><br>500.00      |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 500.00                                                       |                                            |                                                          |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>THOMAS C. DELAHAYE<br>58132 FORT STREET<br>PLAQUEMINE, LA 70764                          | <b>Name of Employer</b><br>CANOVA & DELAHAYE<br><b>Occupation</b><br>ATTORNEY                   | <b>Date (month, day, year)</b><br>10-31-96 | <b>Amount of Each Receipt this Period</b><br>1,000.00    |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 2,000.00                                                     |                                            |                                                          |

SUBTOTAL of Receipts This Page (optional)

3,000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A** **ITEMIZED RECEIPTS**  
CONTRIBUTIONS FROM INDIVIDUALS/PERSONS OTHER THAN  
POLITICAL COMMITTEES

Use separate schedules  
for each category of the  
Detailed Summary Page

PAGE 24 OF 37  
FOR LINE NUMBER  
11(a)(1)

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NAME OF COMMITTEE (in full)

CHRIS JOHN FOR CONGRESS COMMITTEE, INC.

C00316596

|                                                                                                                                                                                                                                                                                |                                                                                                                          |                                     |                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>REBECCA BARNES<br>5333 HUNTERS PARK<br>BATON ROUGE, LA 70817<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                | Name of Employer<br>NONE<br><br>Occupation<br>HOMEMAKER<br>Aggregate Year-to-Date > \$ 1,000.00                          | Date (month, day, year)<br>10-31-96 | Amount of Each Receipt this Period<br>1,000.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>G. FURMAN BARNES III<br>5333 HUNTERS PARK<br>BATON ROUGE, LA 70817<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):          | Name of Employer<br>TILLERY, KAVANAUGH & BARNES<br><br>Occupation<br>ATTORNEY<br>Aggregate Year-to-Date > \$ 1,000.00    | Date (month, day, year)<br>10-31-96 | Amount of Each Receipt this Period<br>1,000.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>FAYEZ SHAMIEH, M.D.<br>1236 BAYOU WOOD COURT<br>LAKE CHARLES, LA 70605-3310<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Name of Employer<br>SELF-EMPLOYED<br><br>Occupation<br>SURGEON/NEUROLOGIST<br>Aggregate Year-to-Date > \$ 250.00         | Date (month, day, year)<br>10-31-96 | Amount of Each Receipt this Period<br>250.00   |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>DON E. SOANO, JR.<br>P.O. BOX 38<br>WESTLAKE, LA 70669<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                      | Name of Employer<br>PROFESSIONAL INDUSTRIAL MAINTENANCE<br><br>Occupation<br>OWNER<br>Aggregate Year-to-Date > \$ 500.00 | Date (month, day, year)<br>10-31-96 | Amount of Each Receipt this Period<br>500.00   |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>MARION M. ROTOLO<br>P.O. BOX 414<br>NAPOLEONVILLE, LA 70390<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                 | Name of Employer<br>LA BEER CO., INC.<br><br>Occupation WHOLESALE BEER DISTRIBUTER<br>Aggregate Year-to-Date > \$ 250.00 | Date (month, day, year)<br>11-1-96  | Amount of Each Receipt this Period<br>250.00   |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>THOMAS H. HUDSON<br>730 MOUTON STREET<br>BATON ROUGE, LA 70806<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | Name of Employer<br>SELF-EMPLOYED<br><br>Occupation<br>ATTORNEY<br>Aggregate Year-to-Date > \$ 250.00                    | Date (month, day, year)<br>11-1-96  | Amount of Each Receipt this Period<br>250.00   |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>DAVID GROTEFEND<br>1134 WRIGHT AVE.<br>CROWLEY, LA 70526<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                    | Name of Employer<br>BAYOU VILLAGE NURSING HOME<br><br>Occupation<br>ADMINISTRATOR<br>Aggregate Year-to-Date > \$ 250.00  | Date (month, day, year)<br>11-1-96  | Amount of Each Receipt this Period<br>250.00   |

SUBTOTAL of Receipts This Page (optional)

3,500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**  
**ITEMIZED RECEIPTS**  
 CONTRIBUTIONS FROM INDIVIDUALS/PERSONS OTHER THAN  
 POLITICAL COMMITTEES

Use separate schedules;  
 for each category of the  
 Detailed Summary Page

PAGE 25 OF 37  
 FOR LINE NUMBER  
 11(a)(1)

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**NAME OF COMMITTEE (In Full)**

CHRIS JOHN FOR CONGRESS COMMITTEE, INC.

C00316596

|                                                                                                                                                                                                                                                                       |                                                                                                                                                  |                                           |                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>DONNA KELLER HEBERT<br>5207 WEXFORD DRIVE<br>BATON ROUGE, LA 70814<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):     | <b>Name of Employer</b><br>BEER INDUSTRY LEAGUE<br>OF LA<br><b>Occupation</b><br>OFFICE MANAGER<br><b>Aggregate Year-to-Date</b> \$ 300.00       | <b>Date (month, day, year)</b><br>11-1-96 | <b>Amount of Each Receipt this Period</b><br>300.00   |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>SHELDON J. HARRIS<br>500 INDEPENDENCE AVE SE<br>WASHINGTON, DC 20003<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):   | <b>Name of Employer</b><br>BAYR, CONNAUGHTON,<br>FENSTERHEIM & MALONE<br><b>Occupation</b><br>PARTNER<br><b>Aggregate Year-to-Date</b> \$ 250.00 | <b>Date (month, day, year)</b><br>11-1-96 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>WILLIAM J. VOITIER<br>101 S. CEDAR GROVE<br>OPELOUSAS, LA 70570<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):        | <b>Name of Employer</b><br>CHURCH POINT WHOLESALE<br><b>Occupation</b><br>GENERAL MANAGER<br><b>Aggregate Year-to-Date</b> \$ 300.00             | <b>Date (month, day, year)</b><br>11-1-96 | <b>Amount of Each Receipt this Period</b><br>300.00   |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>MARY ALLEN<br>2702 S. MAGNOLIA DRIVE<br>BAKER, LA 70714<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                | <b>Name of Employer</b><br>BEER LEAGUE OF LA<br><b>Occupation</b><br>DATA PROCESSOR<br><b>Aggregate Year-to-Date</b> \$ 400.00                   | <b>Date (month, day, year)</b><br>11-1-96 | <b>Amount of Each Receipt this Period</b><br>400.00   |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>R. WAYNE MCKINNEY<br>P.O. BOX 5112JSS<br>LAFAYETTE, LA 70502<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):           | <b>Name of Employer</b><br>QUALITY BRANDS, INC.<br><b>Occupation</b><br>VICE PRESIDENT<br><b>Aggregate Year-to-Date</b> \$ 500.00                | <b>Date (month, day, year)</b><br>11-1-96 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>MORGAN J. GOUDEAU III<br>170 W. BELLEVUE STREET<br>OPELOUSAS, LA 70570<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>ST. LANDRY PARISH<br><b>Occupation</b><br>DISTRICT ATTORNEY<br><b>Aggregate Year-to-Date</b> \$ 500.00                | <b>Date (month, day, year)</b><br>11-1-96 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>GEORGE F. BROWN<br>575 N. 8TH STREET<br>BATON ROUGE, LA 70802<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):          | <b>Name of Employer</b><br>BEER LEAGUE OF LA<br><b>Occupation</b><br>DIRECTOR<br><b>Aggregate Year-to-Date</b> \$ 1,000.00                       | <b>Date (month, day, year)</b><br>11-1-96 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |

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

3,250.00

**TOTAL** This Period (last page the line number only)

**SCHEDULE A**  
**CONTRIBUTIONS FROM INDIVIDUALS/PERSONS OTHER THAN**  
**POLITICAL COMMITTEES**

**ITEMIZED RECEIPTS**

Use separate schedules  
for each category of the  
Detailed Summary Page

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FOR LINE NUMBER  
11(a)(1)

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NAME OF COMMITTEE (in full)

CHRIS JOHN FOR CONGRESS COMMITTEE, INC.

CD0316596

|                                                                                                                                                                                                                                                                       |                                                                                                                                       |                                     |                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>CHARLES TAPP<br>744 FRANCES HARRIET DRIVE<br>BATON ROUGE, LA 70815<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Name of Employer<br>BEER LEAGUE OF LA<br><br>Occupation<br>ASSISTANT DIRECTOR<br>Aggregate Year-to-Date > \$ 1,000.00                 | Date (month, day, year)<br>11-1-96  | Amount of Each Receipt this Period<br>1,000.00   |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>MRS. WAYNE ELMORE<br>203 BENT TREE TRAIL<br>LAFAYETTE, LA 70508<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):    | Name of Employer<br>UNIVERSITY OF SOUTHWESTERN LOUISIANA<br><br>Occupation<br>PROGRAM ADVISOR<br>Aggregate Year-to-Date > \$ 1,000.00 | Date (month, day, year)<br>11-1-96  | Amount of Each Receipt this Period<br>1,000.00   |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>RUBY G. LIPSCOMB<br>8778 SHARLANE DRIVE<br>BATON ROUGE, LA 70809<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):   | Name of Employer<br>WINE & SPIRITS FOUNDATION<br><br>Occupation<br>SECRETARY<br>Aggregate Year-to-Date > \$ 600.00                    | Date (month, day, year)<br>11-1-96  | Amount of Each Receipt this Period<br>600.00     |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>ASSOCIATED BRANCH PILOTS<br>P.O. BOX 8563<br>METAIRIE, LA 70011<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):    | Name of Employer<br>(PARTNERSHIP)<br><br>Occupation<br>(SEE ATTRIBUTION BELOW)<br>Aggregate Year-to-Date > \$ 500.00                  | Date (month, day, year)<br>10-25-96 | Amount of Each Receipt this Period<br>500.00     |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>V. C. MESSA IV<br>P.O. BOX 8563<br>METAIRIE, LA 70011<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | Name of Employer<br>ASSOCIATED BRANCH PILOTS<br><br>Occupation<br>PILOT<br>Aggregate Year-to-Date > \$ 10.87                          | Date (month, day, year)<br>10-25-96 | Amount of Each Receipt this Period<br>10.87 MEMO |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>A. W. BURAS, JR.<br>P.O. BOX 8563<br>METAIRIE, LA 70011<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | Name of Employer<br>ASSOCIATED BRANCH PILOTS<br><br>Occupation<br>PILOT<br>Aggregate Year-to-Date > \$ 10.87                          | Date (month, day, year)<br>10-25-96 | Amount of Each Receipt this Period<br>10.87 MEMO |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>L. G. BURAS III<br>P.O. BOX 8563<br>METAIRIE, LA 70011<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):             | Name of Employer<br>ASSOCIATED BRANCH PILOTS<br><br>Occupation<br>PILOT<br>Aggregate Year-to-Date > \$ 10.87                          | Date (month, day, year)<br>10-25-96 | Amount of Each Receipt this Period<br>10.87 MEMO |

SUBTOTAL of Receipts This Page (optional)

3,100.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**  
**CONTRIBUTIONS FROM INDIVIDUALS/PERSONS OTHER THAN**  
**POLITICAL COMMITTEES**

**ITEMIZED RECEIPTS**

Use separate schedule for each category of the Detailed Summary Page

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FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (in Full)

CHRIS JOHN FOR CONGRESS COMMITTEE, INC.

C00316596

|                                                                                                                                               |                                                                                   |                                            |                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>W. P. CUCULLA<br>P.O. BOX 8563<br>METAIRIE, LA 70011                                     | <b>Name of Employer</b><br>ASSOCIATED BRANCH PILOTS<br><b>Occupation</b><br>PILOT | <b>Date (month, day, year)</b><br>10-25-96 | <b>Amount of Each Receipt this Period</b><br>10.87 MEMO |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 10.87                                          |                                            |                                                         |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>C. B. DEMITZ<br>P.O. BOX 8563<br>METAIRIE, LA 70011                                      | <b>Name of Employer</b><br>ASSOCIATED BRANCH PILOTS<br><b>Occupation</b><br>PILOT | <b>Date (month, day, year)</b><br>10-25-96 | <b>Amount of Each Receipt this Period</b><br>10.87 MEMO |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 10.87                                          |                                            |                                                         |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>S. K. EDDY III<br>P.O. BOX 8563<br>METAIRIE, LA 70011                                    | <b>Name of Employer</b><br>ASSOCIATED BRANCH PILOTS<br><b>Occupation</b><br>PILOT | <b>Date (month, day, year)</b><br>10-25-96 | <b>Amount of Each Receipt this Period</b><br>10.87 MEMO |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 10.87                                          |                                            |                                                         |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>G. S. HILL<br>P.O. BOX 8563<br>METAIRIE, LA 70011                                        | <b>Name of Employer</b><br>ASSOCIATED BRANCH PILOTS<br><b>Occupation</b><br>PILOT | <b>Date (month, day, year)</b><br>10-25-96 | <b>Amount of Each Receipt this Period</b><br>10.87 MEMO |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 10.87                                          |                                            |                                                         |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>M.F. FITZPATRICK<br>P.O. BOX 8563<br>METAIRIE, LA 70011                                  | <b>Name of Employer</b><br>ASSOCIATED BRANCH PILOTS<br><b>Occupation</b><br>PILOT | <b>Date (month, day, year)</b><br>10-25-96 | <b>Amount of Each Receipt this Period</b><br>10.87 MEMO |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 10.87                                          |                                            |                                                         |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>T. L. ITTMANN<br>P.O. BOX 8563<br>METAIRIE, LA 70011                                     | <b>Name of Employer</b><br>ASSOCIATED BRANCH PILOTS<br><b>Occupation</b><br>PILOT | <b>Date (month, day, year)</b><br>10-25-96 | <b>Amount of Each Receipt this Period</b><br>10.87 MEMO |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 10.87                                          |                                            |                                                         |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>K. R. LEGER<br>P.O. BOX 8563<br>METAIRIE, LA 70011                                       | <b>Name of Employer</b><br>ASSOCIATED BRANCH PILOTS<br><b>Occupation</b><br>PILOT | <b>Date (month, day, year)</b><br>10-25-96 | <b>Amount of Each Receipt this Period</b><br>10.87 MEMO |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 10.87                                          |                                            |                                                         |

SUBTOTAL of Receipts This Page (optional)

- 0 -

TOTAL This Period (last page this line number only)

**SCHEDULE A**  
**CONTRIBUTIONS FROM INDIVIDUALS/PERSONS OTHER THAN**  
**POLITICAL COMMITTEES**

**ITEMIZED RECEIPTS**

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

PAGE 28 OF 37  
FOR LINE NUMBER 11(a)(1)

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**NAME OF COMMITTEE (in Full)**

CHRIS JOHN FOR CONGRESS COMMITTEE, INC.

C00316596

|                                                                                                                                                                                                                                                           |                                                                                                          |                                     |                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>W. J. LEGER<br>P.O. BOX 8563<br>METAIRIE, LA 70011<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):     | Name of Employer<br>ASSOCIATED BRANCH PILOTS<br>Occupation<br>PILOT<br>Aggregate Year-to-Date > \$ 10.87 | Date (month, day, year)<br>10-25-96 | Amount of Each Receipt this Period<br>10.87 MEMO |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>K. P. LEVINE<br>P.O. BOX 8563<br>METAIRIE, LA 70011<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):    | Name of Employer<br>ASSOCIATED BRANCH PILOTS<br>Occupation<br>PILOT<br>Aggregate Year-to-Date > \$ 10.87 | Date (month, day, year)<br>10-25-96 | Amount of Each Receipt this Period<br>10.87 MEMO |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>H. P. LINCOLN<br>P.O. BOX 8563<br>METAIRIE, LA 70011<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):   | Name of Employer<br>ASSOCIATED BRANCH PILOTS<br>Occupation<br>PILOT<br>Aggregate Year-to-Date > \$ 10.87 | Date (month, day, year)<br>10-25-96 | Amount of Each Receipt this Period<br>10.87 MEMO |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>M. J. LINCOLN<br>P.O. BOX 8563<br>METAIRIE, LA 70011<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):   | Name of Employer<br>ASSOCIATED BRANCH PILOTS<br>Occupation<br>PILOT<br>Aggregate Year-to-Date > \$ 10.87 | Date (month, day, year)<br>10-25-96 | Amount of Each Receipt this Period<br>10.87 MEMO |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>L. E. MILLER<br>P.O. BOX 8563<br>METAIRIE, LA 70011<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):    | Name of Employer<br>ASSOCIATED BRANCH PILOTS<br>Occupation<br>PILOT<br>Aggregate Year-to-Date > \$ 10.87 | Date (month, day, year)<br>10-25-96 | Amount of Each Receipt this Period<br>10.87 MEMO |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>G. G. MOTT, JR.<br>P.O. BOX 8563<br>METAIRIE, LA 70011<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Name of Employer<br>ASSOCIATED BRANCH PILOTS<br>Occupation<br>PILOT<br>Aggregate Year-to-Date > \$ 10.87 | Date (month, day, year)<br>10-25-96 | Amount of Each Receipt this Period<br>10.87 MEMO |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>G. G. MOTT, SR.<br>P.O. BOX 8563<br>METAIRIE, LA 70011<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Name of Employer<br>ASSOCIATED BRANCH PILOTS<br>Occupation<br>PILOT<br>Aggregate Year-to-Date > \$ 10.87 | Date (month, day, year)<br>10-25-96 | Amount of Each Receipt this Period<br>10.87 MEMO |

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

- 0 -

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

**SCHEDULE A** **ITEMIZED RECEIPTS**  
**CONTRIBUTIONS FROM INDIVIDUALS/PERSONS OTHER THAN**  
**POLITICAL COMMITTEES**

Use separate schedules  
for each category of the  
Detailed Summary Page

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FOR LINE NUMBER  
11(a)(1)

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**NAME OF COMMITTEE (In Full)**

CHRIS JOHN FOR CONGRESS COMMITTEE, INC.

C00316596

|                                                                                                                                                                                                                                                             |                                                                                                                  |                                     |                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>D. B. MOTT<br>P.O. BOX 8563<br>METAIRIE, LA 70011<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):        | Name of Employer<br>ASSOCIATED BRANCH PILOTS<br><br>Occupation<br>PILOT<br><br>Aggregate Year-to-Date > \$ 10.87 | Date (month, day, year)<br>10-25-96 | Amount of Each Receipt this Period<br>10.87 MEMO |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>R. E. BEAN<br>P.O. BOX 8563<br>METAIRIE, LA 70011<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):        | Name of Employer<br>ASSOCIATED BRANCH PILOTS<br><br>Occupation<br>PILOT<br><br>Aggregate Year-to-Date > \$ 10.87 | Date (month, day, year)<br>10-25-96 | Amount of Each Receipt this Period<br>10.87 MEMO |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>W. C. MOTT<br>P.O. BOX 8563<br>METAIRIE, LA 70011<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):        | Name of Employer<br>ASSOCIATED BRANCH PILOTS<br><br>Occupation<br>PILOT<br><br>Aggregate Year-to-Date > \$ 10.87 | Date (month, day, year)<br>10-25-96 | Amount of Each Receipt this Period<br>10.87 MEMO |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>T. J. PIZANI, JR.<br>P.O. BOX 8563<br>METAIRIE, LA 70011<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Name of Employer<br>ASSOCIATED BRANCH PILOTS<br><br>Occupation<br>PILOT<br><br>Aggregate Year-to-Date > \$ 10.87 | Date (month, day, year)<br>10-25-96 | Amount of Each Receipt this Period<br>10.87 MEMO |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>G. P. STEINMULLER<br>P.O. BOX 8563<br>METAIRIE, LA 70011<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Name of Employer<br>ASSOCIATED BRANCH PILOTS<br><br>Occupation<br>PILOT<br><br>Aggregate Year-to-Date > \$ 10.87 | Date (month, day, year)<br>10-25-96 | Amount of Each Receipt this Period<br>10.87 MEMO |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>E. A. SVENDSON<br>P.O. BOX 8563<br>METAIRIE, LA 70011<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):    | Name of Employer<br>ASSOCIATED BRANCH PILOTS<br><br>Occupation<br>PILOT<br><br>Aggregate Year-to-Date > \$ 10.87 | Date (month, day, year)<br>10-25-96 | Amount of Each Receipt this Period<br>10.87 MEMO |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>G. J. BOOKSH<br>P.O. BOX 8563<br>METAIRIE, LA 70011<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):      | Name of Employer<br>ASSOCIATED BRANCH PILOTS<br><br>Occupation<br>PILOT<br><br>Aggregate Year-to-Date > \$ 10.87 | Date (month, day, year)<br>10-25-96 | Amount of Each Receipt this Period<br>10.87 MEMO |

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

- 0 -

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

**SCHEDULE A**  
**CONTRIBUTIONS FROM INDIVIDUALS/PERSONS OTHER THAN**  
**POLITICAL COMMITTEES**

**ITEMIZED RECEIPTS**

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

PAGE **30** OF **37**  
FOR LINE NUMBER  
**11(a)(1)**

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NAME OF COMMITTEE (in full)

CHRIS JOHN FOR CONGRESS COMMITTEE, INC.

C00316596

|                                                                                                                                                                                                                                                             |                                                                                                                               |                                            |                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>R. C. BREWSTER<br>P.O. BOX 8563<br>METAIRIE, LA 70011<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):    | <b>Name of Employer</b><br>ASSOCIATED BRANCH<br>PILOTS<br><br><b>Occupation</b><br>PILOT<br>Aggregate Year-to-Date > \$ 10.87 | <b>Date (month, day, year)</b><br>10-25-96 | <b>Amount of Each Receipt this Period</b><br>10.87 MEMO |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>F. E. DONNELLY<br>P.O. BOX 8563<br>METAIRIE, LA 70011<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):    | <b>Name of Employer</b><br>ASSOCIATED BRANCH<br>PILOTS<br><br><b>Occupation</b><br>PILOT<br>Aggregate Year-to-Date > \$ 10.87 | <b>Date (month, day, year)</b><br>10-25-96 | <b>Amount of Each Receipt this Period</b><br>10.87 MEMO |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>L. M. FITZPATRICK<br>P.O. BOX 8563<br>METAIRIE, LA 70011<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>ASSOCIATED BRANCH<br>PILOTS<br><br><b>Occupation</b><br>PILOT<br>Aggregate Year-to-Date > \$ 10.87 | <b>Date (month, day, year)</b><br>10-25-96 | <b>Amount of Each Receipt this Period</b><br>10.87 MEMO |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>J. G. FLYNN<br>P.O. BOX 8563<br>METAIRIE, LA 70011<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):       | <b>Name of Employer</b><br>ASSOCIATED BRANCH<br>PILOTS<br><br><b>Occupation</b><br>PILOT<br>Aggregate Year-to-Date > \$ 10.87 | <b>Date (month, day, year)</b><br>10-25-96 | <b>Amount of Each Receipt this Period</b><br>10.87 MEMO |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>M. R. LORINO, JR.<br>P.O. BOX 8563<br>METAIRIE, LA 70011<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>ASSOCIATED BRANCH<br>PILOTS<br><br><b>Occupation</b><br>PILOT<br>Aggregate Year-to-Date > \$ 10.87 | <b>Date (month, day, year)</b><br>10-25-96 | <b>Amount of Each Receipt this Period</b><br>10.87 MEMO |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>D. R. MEYERS, JR.<br>P.O. BOX 8563<br>METAIRIE, LA 70011<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>ASSOCIATED BRANCH<br>PILOTS<br><br><b>Occupation</b><br>PILOT<br>Aggregate Year-to-Date > \$ 10.87 | <b>Date (month, day, year)</b><br>10-25-96 | <b>Amount of Each Receipt this Period</b><br>10.87 MEMO |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>G. D. MEYERS<br>P.O. BOX 8563<br>METAIRIE, LA 70011<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):      | <b>Name of Employer</b><br>ASSOCIATED BRANCH<br>PILOTS<br><br><b>Occupation</b><br>PILOT<br>Aggregate Year-to-Date > \$ 10.87 | <b>Date (month, day, year)</b><br>10-25-96 | <b>Amount of Each Receipt this Period</b><br>10.87 MEMO |

SUBTOTAL of Receipts This Page (optional)

- 0 -

TOTAL This Period (last page this line number only)

**SCHEDULE A**  
**CONTRIBUTIONS FROM INDIVIDUALS/PERSONS OTHER THAN**  
**POLITICAL COMMITTEES**

**ITEMIZED RECEIPTS**

Use separate schedules for each category of the Detailed Summary Page

PAGE 31 OF 37  
 FOR LINE NUMBER 11(a)(i)

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**NAME OF COMMITTEE (in Full)**

CHRIS JOHN FOR CONGRESS COMMITTEE, INC.

C00316596

|                                                                                                                                               |                                                                                   |                                            |                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>R. J. MEYERS<br>P.O. BOX 8563<br>METAIRIE, LA 70011                                      | <b>Name of Employer</b><br>ASSOCIATED BRANCH PILOTS<br><b>Occupation</b><br>PILOT | <b>Date (month, day, year)</b><br>10-25-96 | <b>Amount of Each Receipt this Period</b><br>10.87 MEMO |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 10.87                                          |                                            |                                                         |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>J. B. MICHELL<br>P.O. BOX 8563<br>METAIRIE, LA 70011                                     | <b>Name of Employer</b><br>ASSOCIATED BRANCH PILOTS<br><b>Occupation</b><br>PILOT | <b>Date (month, day, year)</b><br>10-25-96 | <b>Amount of Each Receipt this Period</b><br>10.87 MEMO |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 10.87                                          |                                            |                                                         |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>P. B. MICHELL<br>P.O. BOX 8563<br>METAIRIE, LA 70011                                     | <b>Name of Employer</b><br>ASSOCIATED BRANCH PILOTS<br><b>Occupation</b><br>PILOT | <b>Date (month, day, year)</b><br>10-25-96 | <b>Amount of Each Receipt this Period</b><br>10.87 MEMO |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 10.87                                          |                                            |                                                         |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>M.T.D. MILLER<br>P.O. BOX 8563<br>METAIRIE, LA 70011                                     | <b>Name of Employer</b><br>ASSOCIATED BRANCH PILOTS<br><b>Occupation</b><br>PILOT | <b>Date (month, day, year)</b><br>10-25-96 | <b>Amount of Each Receipt this Period</b><br>10.87 MEMO |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 10.87                                          |                                            |                                                         |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>G. J. PETERSON II<br>P.O. BOX 8563<br>METAIRIE, LA 70011                                 | <b>Name of Employer</b><br>ASSOCIATED BRANCH PILOTS<br><b>Occupation</b><br>PILOT | <b>Date (month, day, year)</b><br>10-25-96 | <b>Amount of Each Receipt this Period</b><br>10.87 MEMO |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 10.87                                          |                                            |                                                         |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>G. J. PETERSON III<br>P.O. BOX 8563<br>METAIRIE, LA 70011                                | <b>Name of Employer</b><br>ASSOCIATED BRANCH PILOTS<br><b>Occupation</b><br>PILOT | <b>Date (month, day, year)</b><br>10-25-96 | <b>Amount of Each Receipt this Period</b><br>10.87 MEMO |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 10.87                                          |                                            |                                                         |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>G. C. POST<br>P.O. BOX 8563<br>METAIRIE, LA 70011                                        | <b>Name of Employer</b><br>ASSOCIATED BRANCH PILOTS<br><b>Occupation</b><br>PILOT | <b>Date (month, day, year)</b><br>10-25-96 | <b>Amount of Each Receipt this Period</b><br>10.87 MEMO |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 10.87                                          |                                            |                                                         |

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

- 0 -

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

**SCHEDULE A**  
**CONTRIBUTIONS FROM INDIVIDUALS/PERSONS OTHER THAN**  
**POLITICAL COMMITTEES**

**ITEMIZED RECEIPTS**

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

PAGE 32 OF 37

FOR LINE NUMBER

11(a)(1)

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**NAME OF COMMITTEE (in Full)**

CHRIS JOHN FOR CONGRESS COMMITTEE, INC.

C00316596

|                                                                                                                                                                                                                                                              |                                                                                                       |                                              |                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|----------------------------------------------|--------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>S. W. POST<br>P.O. BOX 8563<br>METAIRIE, LA 70011<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):         | Name of Employer<br>ASSOCIATED BRANCH<br>PILOTS<br>Occupation<br>PILOT<br>Aggregate Year-to-Date > \$ | Date (month, day, year)<br>10-25-96<br>10.87 | Amount of Each Receipt this Period<br>10.87 MEMO |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>A. L. VOGT, JR.<br>P.O. BOX 8563<br>METAIRIE, LA 70011<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):    | Name of Employer<br>ASSOCIATED BRANCH<br>PILOTS<br>Occupation<br>PILOT<br>Aggregate Year-to-Date > \$ | Date (month, day, year)<br>10-25-96<br>10.87 | Amount of Each Receipt this Period<br>10.87 MEMO |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>P. S. VOGT, SR.<br>P.O. BOX 8563<br>METAIRIE, LA 70011<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):    | Name of Employer<br>ASSOCIATED BRANCH<br>PILOTS<br>Occupation<br>PILOT<br>Aggregate Year-to-Date > \$ | Date (month, day, year)<br>10-25-96<br>10.87 | Amount of Each Receipt this Period<br>10.87 MEMO |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>P. S. VOGT, JR.<br>P.O. BOX 8563<br>METAIRIE, LA 70011<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):    | Name of Employer<br>ASSOCIATED BRANCH<br>PILOTS<br>Occupation<br>PILOT<br>Aggregate Year-to-Date > \$ | Date (month, day, year)<br>10-25-96<br>10.87 | Amount of Each Receipt this Period<br>10.87 MEMO |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>A. P. MICHELL, JR.<br>P.O. BOX 8563<br>METAIRIE, LA 70011<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Name of Employer<br>ASSOCIATED BRANCH<br>PILOTS<br>Occupation<br>PILOT<br>Aggregate Year-to-Date > \$ | Date (month, day, year)<br>10-25-96<br>10.87 | Amount of Each Receipt this Period<br>10.87 MEMO |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>T. V. FLYNN, JR.<br>P.O. BOX 8563<br>METAIRIE, LA 70011<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):   | Name of Employer<br>ASSOCIATED BRANCH<br>PILOTS<br>Occupation<br>PILOT<br>Aggregate Year-to-Date > \$ | Date (month, day, year)<br>10-25-96<br>10.87 | Amount of Each Receipt this Period<br>10.87 MEMO |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>R. B. BALLAS<br>P.O. BOX 8563<br>METAIRIE, LA 70011<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):       | Name of Employer<br>ASSOCIATED BRANCH<br>PILOTS<br>Occupation<br>PILOT<br>Aggregate Year-to-Date > \$ | Date (month, day, year)<br>10-25-96<br>10.87 | Amount of Each Receipt this Period<br>10.87 MEMO |

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

- 0 -

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

**SCHEDULE A**
**ITEMIZED RECEIPTS**
**CONTRIBUTIONS FROM INDIVIDUALS/PERSONS OTHER THAN  
POLITICAL COMMITTEES**

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

PAGE 33 OF 37

FOR LINE NUMBER

11(A)(1)

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**NAME OF COMMITTEE (In Full)**

CHRIS JOHN FOR CONGRESS COMMITTEE, INC.

C00316596

|                                                                                                                                               |                                                                                             |                                            |                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>J. L. LEVINE, JR.<br>P.O. BOX 8563<br>METAIRIE, LA 70011                                 | <b>Name of Employer</b><br>ASSOCIATED BRANCH<br>PILOTS<br><br><b>Occupation</b><br>PILOT    | <b>Date (month, day, year)</b><br>10-25-96 | <b>Amount of Each Receipt this Period</b><br>10.85 MEMO |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 10.85                                                    |                                            |                                                         |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>EDDIE AUSTIN, JR.<br>330 ALAMO STREET<br>LAKE CHARLES, LA 70601                          | <b>Name of Employer</b><br>SELF-EMPLOYED<br><br><b>Occupation</b><br>ATTORNEY               | <b>Date (month, day, year)</b><br>11-4-96  | <b>Amount of Each Receipt this Period</b><br>250.00     |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 750.00                                                   |                                            |                                                         |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>CAPT. W. V. LASHLEY<br>206 TIMBERLANE RD.<br>GRETN, LA 70056                             | <b>Name of Employer</b><br>SELF-EMPLOYED<br><br><b>Occupation</b><br>MARINE CONSULTANT      | <b>Date (month, day, year)</b><br>11-4-96  | <b>Amount of Each Receipt this Period</b><br>500.00     |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 500.00                                                   |                                            |                                                         |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>SHERWOOD RANSOM<br>4747 CAMERON STREET<br>LAFAYETTE, LA 70506                            | <b>Name of Employer</b><br>LAFAYETTE WELL<br>TESTING<br><br><b>Occupation</b><br>OWNER      | <b>Date (month, day, year)</b><br>11-4-96  | <b>Amount of Each Receipt this Period</b><br>500.00     |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 500.00                                                   |                                            |                                                         |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>CHARLIE MONCLA, JR.<br>P.O. BOX 53746<br>LAFAYETTE, LA 70505                             | <b>Name of Employer</b><br>MONCLA WELL<br>SERVICE, INC.<br><br><b>Occupation</b><br>OWNER   | <b>Date (month, day, year)</b><br>11-4-96  | <b>Amount of Each Receipt this Period</b><br>500.00     |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 1,500.00                                                 |                                            |                                                         |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>MATTHEW GUINN MONCLA<br>P.O. BOX 53746<br>LAFAYETTE, LA 70505                            | <b>Name of Employer</b><br>NONE<br><br><b>Occupation</b><br>STUDENT                         | <b>Date (month, day, year)</b><br>11-4-96  | <b>Amount of Each Receipt this Period</b><br>500.00     |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 500.00                                                   |                                            |                                                         |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>LEONARD LEMOINE<br>109 MILL VALLEY RUN<br>LAFAYETTE, LA 70508                            | <b>Name of Employer</b><br>LEMOINE COMPANY, INC.<br><br><b>Occupation</b><br>VICE PRESIDENT | <b>Date (month, day, year)</b><br>11-4-96  | <b>Amount of Each Receipt this Period</b><br>500.00     |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 500.00                                                   |                                            |                                                         |

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

2,750.00

**TOTAL This Period (last page has line number only)**

**SCHEDULE A**  
**CONTRIBUTIONS FROM INDIVIDUALS/PERSONS OTHER THAN**  
**POLITICAL COMMITTEES**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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PAGE 34 OF 37

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**NAME OF COMMITTEE (in Full)**

CHRIS JOHN FOR CONGRESS COMMITTEE, INC.

C00316596

|                                                                                                                                                                                                                                                                                     |                                                                                                                                           |                                           |                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>HARRY "SOUP" KEMBER<br>35530 HWY. 69<br>WHITE CASTLE, LA 70788<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                   | <b>Name of Employer</b><br>SELF-EMPLOYED<br><br><b>Occupation</b><br>OILFIELD CONSULTANT<br><br><b>Aggregate Year-to-Date</b> > \$ 500.00 | <b>Date (month, day, year)</b><br>11-4-96 | <b>Amount of Each Receipt this Period</b><br>500.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>DR. R. J. (BUD) BONO<br>10720 N. OAK HILLS PKWY, STE. A<br>BATON ROUGE, LA 70810<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>MED ED TECH<br><br><b>Occupation</b><br>DENTAL SURGEON<br><br><b>Aggregate Year-to-Date</b> > \$ 750.00        | <b>Date (month, day, year)</b><br>11-4-96 | <b>Amount of Each Receipt this Period</b><br>250.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>MRS. FRED GARY<br>311 W. PARK MANOR DRIVE<br>LAKE CHARLES, LA 70611<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | <b>Name of Employer</b><br>GARY FILTRATION<br><br><b>Occupation</b><br>CO-OWNER<br><br><b>Aggregate Year-to-Date</b> > \$ 250.00          | <b>Date (month, day, year)</b><br>11-4-96 | <b>Amount of Each Receipt this Period</b><br>250.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>EUGENE J. TRAHAN<br>P.O. BOX 2216<br>LAFAYETTE, LA 70502<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                         | <b>Name of Employer</b><br>SOUTHERN TECHNOLOGIES<br><br><b>Occupation</b><br>OWNER<br><br><b>Aggregate Year-to-Date</b> > \$ 750.00       | <b>Date (month, day, year)</b><br>11-4-96 | <b>Amount of Each Receipt this Period</b><br>250.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>CYNTHIA LEBOURGEOIS<br>415 LIPPI BLVD.<br>LAFAYETTE, LA 70508<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                    | <b>Name of Employer</b><br>SELF-EMPLOYED<br><br><b>Occupation</b><br>ATTORNEY<br><br><b>Aggregate Year-to-Date</b> > \$ 250.00            | <b>Date (month, day, year)</b><br>11-4-96 | <b>Amount of Each Receipt this Period</b><br>250.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>WARNER VEILLON<br>P.O. BOX 1029<br>EUNICE, LA 70535<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                              | <b>Name of Employer</b><br>TRI PARISH BANK<br><br><b>Occupation</b><br>PRESIDENT/CEO<br><br><b>Aggregate Year-to-Date</b> > \$ 250.00     | <b>Date (month, day, year)</b><br>11-4-96 | <b>Amount of Each Receipt this Period</b><br>250.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>JOHN M. BROWN<br>128 IVY LANE<br>LULING, LA 70070<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                | <b>Name of Employer</b><br>SELF-EMPLOYED<br><br><b>Occupation</b><br>MARINE CONSULTANT<br><br><b>Aggregate Year-to-Date</b> > \$ 400.00   | <b>Date (month, day, year)</b><br>11-4-96 | <b>Amount of Each Receipt this Period</b><br>200.00 |

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

1,950.00

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

**SCHEDULE A** **ITEMIZED RECEIPTS**  
**CONTRIBUTIONS FROM INDIVIDUALS/PERSONS OTHER THAN**  
**POLITICAL COMMITTEES**

Use separate schedules for each category of the Detailed Summary Page

PAGE 35 OF 37  
 FOR LINE NUMBER 11(a)(1)

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**NAME OF COMMITTEE (in Full)**

CHRIS JOHN FOR CONGRESS COMMITTEE, INC.

C00316596

|                                                                                                                                                                                                                                                                               |                                                                                                                                                |                                           |                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>CAPT. R. B. STRECKFUS, JR.<br>3500 PALMISANO BLVD.<br>CHALMETTE, LA 70043<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):  | <b>Name of Employer</b><br>SELF-EMPLOYED<br><br><b>Occupation</b><br>MARINE CONSULTANT<br><b>Aggregate Year-to-Date</b> > \$ 400.00            | <b>Date (month, day, year)</b><br>11-4-96 | <b>Amount of Each Receipt this Period</b><br>200.00   |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>LOU DELAHAYE<br>22715 BLAKENEY STREET<br>PLAQUEMINE, LA 70764<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | <b>Name of Employer</b><br>CANOVA & DELAHAYE<br><br><b>Occupation</b><br>ATTORNEY<br><b>Aggregate Year-to-Date</b> > \$ 1,000.00               | <b>Date (month, day, year)</b><br>11-4-96 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>LINDA DELAHAYE<br>22715 BLAKENEY STREET<br>PLAQUEMINE, LA 70764<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | <b>Name of Employer</b><br>IBERVILLE PARISH<br>SCHOOL BOARD<br><br><b>Occupation</b><br>TEACHER<br><b>Aggregate Year-to-Date</b> > \$ 1,000.00 | <b>Date (month, day, year)</b><br>11-4-96 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>WILFRED ARNAUD<br>1956 TIGER LANE<br>EUNICE, LA 70535-9005<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                 | <b>Name of Employer</b><br>ADK TRANSMISSION SHOP<br><br><b>Occupation</b><br>OWNER<br><b>Aggregate Year-to-Date</b> > \$ 250.00                | <b>Date (month, day, year)</b><br>11-4-96 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>DINAH C. BRADFORD<br>4431 W. PRIEN LAKE RD.<br>LAKE CHARLES, LA 70605-3945<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>NONE<br><br><b>Occupation</b><br>HOMEMAKER<br><b>Aggregate Year-to-Date</b> > \$ 250.00                             | <b>Date (month, day, year)</b><br>11-5-96 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>JAMES K. BROUSSARD<br>P.O. DRAWER 160<br>MERMENTAU, LA 70556<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):               | <b>Name of Employer</b><br>BROUSSARD RICE MILL<br><br><b>Occupation</b><br>PRESIDENT/CEO<br><b>Aggregate Year-to-Date</b> > \$ 250.00          | <b>Date (month, day, year)</b><br>11-5-96 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>C. D. VICCELLIO<br>2301 NORBEN DRIVE<br>LAKE CHARLES, LA 70601<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):             | <b>Name of Employer</b><br>STOCKWELL<br>SIEVERT<br><br><b>Occupation</b><br>ATTORNEY<br><b>Aggregate Year-to-Date</b> > \$ 250.00              | <b>Date (month, day, year)</b><br>11-5-96 | <b>Amount of Each Receipt this Period</b><br>250.00   |

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

3,200.00

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

**SCHEDULE A**  
**CONTRIBUTIONS FROM INDIVIDUALS/PERSONS OTHER THAN**  
**POLITICAL COMMITTEES**

**ITEMIZED RECEIPTS**

Use separate schedules  
for each category of the  
Detailed Summary Page

PAGE 36 OF 37  
FOR LINE NUMBER  
11(a)(i)

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NAME OF COMMITTEE (in full)

CHRIS JOHN FOR CONGRESS COMMITTEE, INC.

C00316596

|                                                                                                                                                                                                                                                                      |                                                                                                                                                      |                                                       |                                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>DAVID PIERCE<br>501 E. MAGNOLIA AVE.<br>ABBEVILLE, LA 70510<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):       | <b>Name of Employer</b><br>ACADIAN AMBULANCE<br><br><b>Occupation</b><br>CHIEF OPERATING OFFICER<br><br><b>Aggregate Year-to-Date</b> > \$ 1,000.00  | <b>Date (month, day, year)</b><br>11-5-96             | <b>Amount of Each Receipt this Period</b><br>1,000.00                                         |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>RICHARD M. STURLESE<br>6389 GC HWY.<br>GRAND CHENIER, LA 70643<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):    | <b>Name of Employer</b><br>ACADIAN AMBULANCE<br><br><b>Occupation</b> CORPORATE<br>VICE PRESIDENT<br><br><b>Aggregate Year-to-Date</b> > \$ 1,000.00 | <b>Date (month, day, year)</b><br>11-5-96             | <b>Amount of Each Receipt this Period</b><br>1,000.00                                         |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>ASHLEY NICHOLS<br>310 W. NEZPIQUE<br>JENNINGS, LA 70546-5246<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):      | <b>Name of Employer</b><br>JEFF DAVIS PARISH<br><br><b>Occupation</b> PRE-KINDERGARTEN<br>TEACHER<br><br><b>Aggregate Year-to-Date</b> > \$ 1,000.00 | <b>Date (month, day, year)</b><br>11-5-96             | <b>Amount of Each Receipt this Period</b><br>1,000.00                                         |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>LESLIE COLE NICHOLS<br>1512 SHARLOW AVE.<br>BATON ROUGE, LA 70820<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>HAYNIE & ASSOCIATES<br><br><b>Occupation</b><br>SECRETARY<br><br><b>Aggregate Year-to-Date</b> > \$ 1,000.00              | <b>Date (month, day, year)</b><br>11-5-96             | <b>Amount of Each Receipt this Period</b><br>1,000.00                                         |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>JAMES C. FLORES<br>6326 HIGHLAND RD.<br>BATON ROUGE, LA 70808<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):     | <b>Name of Employer</b><br>FLORES & RUCKS<br><br><b>Occupation</b> CHAIRMAN OF<br>THE BOARD<br><br><b>Aggregate Year-to-Date</b> > \$ 2,000.00       | <b>Date (month, day, year)</b><br>11-5-96             | <b>Amount of Each Receipt this Period</b><br>1,000.00                                         |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>RUSSELL WASHER<br>1744 OAKDALE DRIVE<br>BATON ROUGE, LA 70810<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):     | <b>Name of Employer</b><br>WASHER & LIPSCOMB<br><br><b>Occupation</b><br>ATTORNEY<br><br><b>Aggregate Year-to-Date</b> > \$ 725.00                   | <b>Date (month, day, year)</b><br>11-6-96<br>10-29-96 | <b>Amount of Each Receipt this Period</b><br>500.00<br>225.00 IN-<br>KIND<br>(AIRLINE FLIGHT) |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>LUKE A. BESLIN<br>411 LOWERLINE STREET<br>NEW ORLEANS, LA 70118<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):   | <b>Name of Employer</b><br><br><br><b>Occupation</b><br>JUDGE<br><br><b>Aggregate Year-to-Date</b> > \$ 250.00                                       | <b>Date (month, day, year)</b><br>11-6-96             | <b>Amount of Each Receipt this Period</b><br>250.00                                           |

SUBTOTAL of Receipts This Page (optional)

5,975.00

TOTAL This Period (last page this line number only)

**SCHEDULE A** **ITEMIZED RECEIPTS**  
**CONTRIBUTIONS FROM INDIVIDUALS/PERSONS OTHER THAN**  
**POLITICAL COMMITTEES**

Use separate schedules  
for each category of the  
Detailed Summary Page

PAGE 37 OF 37  
FOR LINE NUMBER  
11(a)(1)

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**NAME OF COMMITTEE (In Full)**

CHRIS JOHN FOR CONGRESS COMMITTEE, INC.

C00316596

|                                                                                                                                                                                                                                                                                     |                                                                                                                                                 |                                            |                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>DAVID CROZEN<br>P.O. BOX 1013<br>LAKE CHARLES, LA 70602<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                          | <b>Name of Employer</b><br>MANPOWER TEMPORARY SERVICES<br><br><b>Occupation</b><br>OWNER<br><br><b>Aggregate Year-to-Date</b> > \$ 250.00       | <b>Date (month, day, year)</b><br>11-6-96  | <b>Amount of Each Receipt this Period</b><br>250.00                                  |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>WILLIAM FLORES, JR.<br>123 HAWTHORNE<br>LAFAYETTE, LA 70508-5606<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                 | <b>Name of Employer</b><br>FLORES & RUCKS<br><br><b>Occupation</b> VICE PRESIDENT-OPERATIONS<br><br><b>Aggregate Year-to-Date</b> > \$ 2,000.00 | <b>Date (month, day, year)</b><br>11-8-96  | <b>Amount of Each Receipt this Period</b><br>1,000.00                                |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>JAMES R. COLE<br>844 NATCHITOCHES HWY.<br>MANY, LA 71449<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                         | <b>Name of Employer</b><br>SARLINE STATE BANK & TRUST<br><br><b>Occupation</b><br>BANKER<br><br><b>Aggregate Year-to-Date</b> > \$ 450.00       | <b>Date (month, day, year)</b><br>11-8-96  | <b>Amount of Each Receipt this Period</b><br>200.00                                  |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>MICHAEL ADERMAN<br>1744 OAKDALE DRIVE<br>BATON ROUGE, LA 70810-3119<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | <b>Name of Employer</b><br>WASHER LIPSCOME & HILL<br><br><b>Occupation</b><br>ATTORNEY<br><br><b>Aggregate Year-to-Date</b> > \$ 225.00         | <b>Date (month, day, year)</b><br>10-29-96 | <b>Amount of Each Receipt this Period</b><br>225.00 IN-KIND<br>(AIRLINE FLIGHT)      |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>SHIELDA TASSIN<br>1301 WEST MAIN STREET<br>VILLE PLATTE, LA 70586<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                | <b>Name of Employer</b><br>NONE<br><br><b>Occupation</b><br>HOMEMAKER<br><br><b>Aggregate Year-to-Date</b> > \$ 758.93                          | <b>Date (month, day, year)</b><br>10-21-96 | <b>Amount of Each Receipt this Period</b><br>758.93 IN-KIND<br>(FUNDRAISER EXPENSES) |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>PATRICK S. KILLEEN<br>324 SILVERBELL PWY.<br>LAFAYETTE, LA 70508-4130<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>WIRELINE SPECIALISTS<br><br><b>Occupation</b><br>SALESMAN<br><br><b>Aggregate Year-to-Date</b> > \$ 2,000.00         | <b>Date (month, day, year)</b><br>10-22-96 | <b>Amount of Each Receipt this Period</b><br>1,000.00                                |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>ARLENE HARGRODER<br>P.O. BOX 90505<br>LAFAYETTE, LA 70506<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                        | <b>Name of Employer</b><br>NONE<br><br><b>Occupation</b><br>HOMEMAKER<br><br><b>Aggregate Year-to-Date</b> > \$ 1,000.00                        | <b>Date (month, day, year)</b><br>10-23-96 | <b>Amount of Each Receipt this Period</b><br>1,000.00                                |

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

4,433.93

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

115,408.93

## SCHEDULE A

## ITEMIZED RECEIPTS

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

PAGE 1 OF 11

FOR LINE NUMBER  
11(c)

## CONTRIBUTIONS FROM OTHER POLITICAL COMMITTEES

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NAME OF COMMITTEE (In Full)

CHRIS JOHN FOR CONGRESS COMMITTEE, INC.

C00316596

|                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                               |                                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>SBC COMMUNICATIONS, INC.<br>EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE<br>175 E. HOUSTON, RM. 6-F-08<br>SAN ANTONIO, TX 78205<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):      | <b>Name of Employer</b><br><br><b>Date (month, day, year)</b><br>10-17-96<br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 500.00               | <b>Amount of Each Receipt this Period</b><br><br>500.00               |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>ECKPAC<br>ECKERD CORPORATION POLITICAL ACTION COMMITTEE<br>P.O. BOX 4689<br>CLEARWATER, FL 34618<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                    | <b>Name of Employer</b><br><br><b>Date (month, day, year)</b><br>10-17-96<br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 500.00               | <b>Amount of Each Receipt this Period</b><br><br>500.00               |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>ENPAC - LOUISIANA<br>P.O. BOX 2431<br>MAIL UNIT 1 NORT-3A<br>BATON ROUGE, LA 70821<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                  | <b>Name of Employer</b><br><br><b>Date (month, day, year)</b><br>10-17-96<br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 2,000.00             | <b>Amount of Each Receipt this Period</b><br><br>1,000.00             |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>TENNECO EMPLOYEES GOOD GOVERNMENT FUND<br>701 PENNSYLVANIA AVENUE NW, SUITE 710<br>WASHINGTON, DC 20004<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                             | <b>Name of Employer</b><br><br><b>Date (month, day, year)</b><br>10-18-96<br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 3,500.00             | <b>Amount of Each Receipt this Period</b><br><br>1,000.00             |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>COMMITTEE FOR THOROUGH AGRICULTURAL POLITICAL EDUCATION OF ASSOCIATED MILK PRODUCERS, INC.<br>P.O. BOX 5288<br>ARLINGTON, TX 76005<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):  | <b>Name of Employer</b><br><br><b>Date (month, day, year)</b><br>10-21-96<br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 2,000.00             | <b>Amount of Each Receipt this Period</b><br><br>1,000.00             |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>EMPAC<br>EMPLOYEES POLITICAL ACTION COMMITTEE<br>SOUTHEAST REGION, THE DOW CHEMICAL CO<br>P.O. BOX 150<br>PLAQUEMINE, LA 70765-0150<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br><br><b>Date (month, day, year)</b><br>10-21-96<br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 2,000.00             | <b>Amount of Each Receipt this Period</b><br><br>1,500.00             |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>LIFE INSURANCE PAC<br>AMERICAN COUNCIL ON LIFE INSURANCE PAC<br>1001 PENNSYLVANIA AVE., NW<br>WASHINGTON, DC 20004-2599<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):             | <b>Name of Employer</b><br><br><b>Date (month, day, year)</b><br>10-21-96<br>10-25-96<br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 2,000.00 | <b>Amount of Each Receipt this Period</b><br><br>1,000.00<br>1,000.00 |

SUBTOTAL of Receipts This Page (optional)

7,500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**
**ITEMIZED RECEIPTS**
**CONTRIBUTIONS FROM OTHER POLITICAL COMMITTEES**

 Use separate schedules  
for each category of the  
Detailed Summary Page

 PAGE 2 OF 11  
FOR LINE NUMBER  
11(c)

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)**

CHRIS JOHN FOR CONGRESS COMMITTEE, INC.

C00316596

|                                                                                                                                                                                                                                                                                                                        |                                                                                                     |                                                       |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------|---------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>ACTION COMMITTEE FOR RURAL ELECTRIFI-<br>CATION<br>4301 WILSON BLVD.<br>ARLINGTON, VA 22203-1860<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                    | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 1,500.00 | <b>Date (month, day, year)</b><br>10-21-96            | <b>Amount of Each Receipt this Period</b><br><br>1,000.00           |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>OLIN GOOD GOVERNMENT FUND<br>1730 K STREET NW<br>WASHINGTON, DC 20006<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                               | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 1,000.00 | <b>Date (month, day, year)</b><br>10-21-96            | <b>Amount of Each Receipt this Period</b><br><br>500.00             |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>CF INDUSTRIES EMPLOYEES'<br>GOOD GOVERNMENT FUND<br>ONE SALEM LAKE DRIVE<br>LONG GROVE, IL 60047<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                    | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 1,000.00 | <b>Date (month, day, year)</b><br>10-21-96            | <b>Amount of Each Receipt this Period</b><br><br>1,000.00           |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>NATIONAL CATTLEMEN'S BEEF ASSOCIATION<br>POLITICAL ACTION COMMITTEE<br>P.O. BOX 3469<br>GREENWOOD VILLAGE, CO 80155<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 1,850.00 | <b>Date (month, day, year)</b><br>10-21-96            | <b>Amount of Each Receipt this Period</b><br><br>1,500.00           |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>UNION CAMP PAC<br>1600 VALLEY ROAD<br>WAYNE, NJ 07470<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                               | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 500.00   | <b>Date (month, day, year)</b><br>10-21-96            | <b>Amount of Each Receipt this Period</b><br><br>500.00             |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>HRAB AMERICAN LEADERSHIP PAC<br>918 16TH STREET NW #601<br>WASHINGTON, DC 20006<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                     | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 2,500.00 | <b>Date (month, day, year)</b><br>10-22-96<br>11-1-96 | <b>Amount of Each Receipt this Period</b><br><br>1,000.00<br>500.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>REALTORS POLITICAL ACTION COMMITTEE<br>R.P.A.C.<br>430 N. MICHIGAN AVE.<br>CHICAGO, IL 60611<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                        | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 5,000.00 | <b>Date (month, day, year)</b>                        | <b>Amount of Each Receipt this Period</b><br><br>5,000.00           |

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

11,000.00

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

**SCHEDULE A**
**ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11(c)

**CONTRIBUTIONS FROM OTHER POLITICAL COMMITTEES**

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**NAME OF COMMITTEE (in full)**

CHRIS JOHN FOR CONGRESS COMMITTEE, INC.

COD316596

|                                                                                                                                                                                                                                                                                                             |                                                                                                     |                                            |                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>CHEVRON EMPLOYEES PAC<br>575 MARKET STREET, RM 908<br>SAN FRANCISCO, CA 94105<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                            | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 3,000.00 | <b>Date (month, day, year)</b><br>10-23-96 | <b>Amount of Each Receipt this Period</b><br>2,500.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>LASPAC<br>P. O. BOX 80395<br>BATON ROUGE, LA 70898<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                       | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 2,000.00 | <b>Date (month, day, year)</b><br>10-23-96 | <b>Amount of Each Receipt this Period</b><br>2,000.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>FIRST COMMERCE CORP.<br>POLITICAL ACTION COMMITTEE<br>210 BARONNE STREET<br>NEW ORLEANS, LA 70112<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):        | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 1,000.00 | <b>Date (month, day, year)</b><br>10-24-96 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>ORYX ENERGY PAC<br>P O BOX 2880<br>DALLAS, TX 75221-2880<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                 | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 500.00   | <b>Date (month, day, year)</b><br>10-24-96 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>CONDEA VISTA EFFECTIVE GOVERNMENT FUND<br>900 THREADNEEDLE<br>HOUSTON, TX 77079<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                          | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 3,000.00 | <b>Date (month, day, year)</b><br>10-24-96 | <b>Amount of Each Receipt this Period</b><br>2,000.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>TIDEWATER, INC. PAC<br>1440 CANAL STREET<br>NEW ORLEANS, LA 70112<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                        | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 1,000.00 | <b>Date (month, day, year)</b><br>10-24-96 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>AMERICAN DENIAL POLITICAL ACTION COMMITTEE<br>1111 14TH STREET, N.W., SUITE 1100<br>WASHINGTON, DC 20005<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 1,000.00 | <b>Date (month, day, year)</b><br>10-24-96 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |

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

9,500.00

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

**SCHEDULE A**
**ITEMIZED RECEIPTS**

Use separate schedules for each category of the Detailed Summary Page

 PAGE 4 OF 11  
 FOR LINE NUMBER 11(c)

**CONTRIBUTIONS FROM OTHER POLITICAL COMMITTEES**

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**NAME OF COMMITTEE (In Full)**

CHRIS JOHN FOR CONGRESS COMMITTEE, INC.

C00316596

|                                                                                                                                                                                                                                                                                                                                                  |                                                                                                     |                                            |                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>ARTHUR ANDERSEN PAC<br>1666 K STREET, N.W.<br>WASHINGTON, DC 20006<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                                                | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 500.00   | <b>Date (month, day, year)</b><br>10-25-96 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>CELLULAR TELECOMMUNICATION INDUSTRY<br>ASSOCIATION POLITICAL ACTION COMMITTEE<br>1250 CONNECTICUT AVENUE, N.W., SUITE 200<br>WASHINGTON, DC 20036<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 250.00   | <b>Date (month, day, year)</b><br>10-25-96 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>FOOD MARKETING INSTITUTE POLITICAL<br>ACTION COMMITTEE - FOOD PAC<br>800 CONNECTICUT AVE., N.W. SUITE 500<br>WASHINGTON, DC 20006-2701<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 500.00   | <b>Date (month, day, year)</b><br>10-25-96 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>COOPERS & LYBRAND<br>POLITICAL ACTION COMMITTEE<br>1800 M. STREET, N.W.<br>WASHINGTON, DC 20036<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                   | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 500.00   | <b>Date (month, day, year)</b><br>10-25-96 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>AMERICAN OCCUPATIONAL THERAPY ASSOC., INC.<br>POLITICAL ACTION COMMITTEE<br>P. O. BOX 31220<br>BETHESDA, MD 20824-1220<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                            | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 500.00   | <b>Date (month, day, year)</b><br>10-25-96 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>AMERICAN SUGAR CANE LEAGUE<br>POLITICAL ACTION COMMITTEE<br>P. O. DRAWER 938<br>THIBODEAUX, LA 70302<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                              | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 1,000.00 | <b>Date (month, day, year)</b><br>10-25-96 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>AMERICAN TASK FORCE FOR LEBANON<br>LEGISLATIVE COUNCIL/PAC<br>2213 M STREET, N.W., 3RD FLOOR<br>WASHINGTON, DC 20037<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                              | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 1,000.00 | <b>Date (month, day, year)</b><br>10-25-96 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |

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

4,250.00

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

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedules  
for each category of the  
Detailed Summary PagePAGE 5 OF 11  
FOR LINE NUMBER  
11(c)

## CONTRIBUTIONS FROM OTHER POLITICAL COMMITTEES

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## NAME OF COMMITTEE (in full)

CHRIS JOHN FOR CONGRESS COMMITTEE, INC.

C00316596

|                                                                                                                                                                                                                                                                                                                                              |                                                                                                     |                                            |                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>UNION OIL POLITICAL AWARENESS FUND<br>2141 ROSECRANS AVENUE, SUITE 4154<br>EL SEGUNDO, CA 90245<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                           | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 1,000.00 | <b>Date (month, day, year)</b><br>10-25-96 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>IPAA WILDCATTER - PAC FUND<br>1101 16TH STREET NW<br>WASHINGTON, DC 20036<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                                 | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 1,000.00 | <b>Date (month, day, year)</b><br>10-28-96 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>AMERICAN BANKERS ASSOCIATION<br>BANK PAC<br>1120 CONNECTICUT AVE. NW<br>WASHINGTON, DC 20036<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                              | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 1,000.00 | <b>Date (month, day, year)</b><br>10-28-96 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>PHYSICAL THERAPY POLITICAL ACTION COMMITTEE<br>1111 N. FAIRFAX ST.<br>ALEXANDRIA, VA 22314<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 1,000.00 | <b>Date (month, day, year)</b><br>10-28-96 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>THE BLUE CROSS & BLUE SIELD ASSOCIATION<br>POLITICAL ACTION COMMITTEE (CARE PAC)<br>1310 G. STREET NW, 12TH FLOOR<br>WASHINGTON, DC 20005<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 500.00   | <b>Date (month, day, year)</b><br>10-28-96 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>SAVINGS ASSOCIATIONS OF LOUISIANA<br>FEDERAL POLITICAL ACTION COMMITTEE<br>P.O. BOX 14089<br>BATON ROUGE, LA 70898<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                        | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 500.00   | <b>Date (month, day, year)</b><br>10-28-96 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>VIC STELLY STATE REPRESENTATIVE<br>CAMPAIGN FUND<br>P.O. BOX 12725<br>LAKE CHARLES, LA 70612-2725<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                         | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 250.00   | <b>Date (month, day, year)</b><br>10-28-96 | <b>Amount of Each Receipt this Period</b><br>250.00   |

SUBTOTAL of Receipts This Page (optional)

5,250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**
**ITEMIZED RECEIPTS**

Use separate schedules for each category of the Detailed Summary Page

PAGE 6 OF 11

FOR LINE NUMBER 11(c)

**CONTRIBUTIONS FROM OTHER POLITICAL COMMITTEES**

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**NAME OF COMMITTEE (in Full)**

CHRIS JOHN FOR CONGRESS COMMITTEE, INC.

C00316596

|                                                                                                                                                                                                                                                                                                                                |                                                                            |                                     |                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------|------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>INDEPENDENT BANKERS - PAC<br>ONE THOMAS CIRCLE NW, SUITE 950<br>WASHINGTON, DC 20005<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                            | Name of Employer<br><br>Occupation<br>Aggregate Year-to-Date > \$ 500.00   | Date (month, day, year)<br>10-28-96 | Amount of Each Receipt this Period<br>500.00   |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>KOCH PAC<br>P.O. BOX 2256<br>WICHITA, KS 67201<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                                                  | Name of Employer<br><br>Occupation<br>Aggregate Year-to-Date > \$ 5,000.00 | Date (month, day, year)<br>10-29-96 | Amount of Each Receipt this Period<br>5,000.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>BELLSOUTH TELECOMMUNICATIONS<br>FEDERAL POLITICAL ACTION COMMITTEE<br>ROOM 36M66-675 WEST PEACHTREE ST. NE<br>ATLANTA, GA 30375<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Name of Employer<br><br>Occupation<br>Aggregate Year-to-Date > \$ 2,000.00 | Date (month, day, year)<br>10-29-96 | Amount of Each Receipt this Period<br>2,000.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>MARATHON OIL COMPANY EMPLOYEES - PAC<br>P.O. BOX 3128<br>HOUSTON, TX 77253-3128<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                 | Name of Employer<br><br>Occupation<br>Aggregate Year-to-Date > \$ 500.00   | Date (month, day, year)<br>10-29-96 | Amount of Each Receipt this Period<br>500.00   |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>WESTVACO POLITICAL PARTICIPATION<br>PROGRAM<br>299 PARK AVE.<br>NEW YORK, NY 10171<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                              | Name of Employer<br><br>Occupation<br>Aggregate Year-to-Date > \$ 1,500.00 | Date (month, day, year)<br>10-29-96 | Amount of Each Receipt this Period<br>1,500.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>WHOLESALE - DISTRIBUTOR PAC<br>1725 K. STREET NORTHWEST<br>WASHINGTON, DC 20006<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                 | Name of Employer<br><br>Occupation<br>Aggregate Year-to-Date > \$ 250.00   | Date (month, day, year)<br>10-29-96 | Amount of Each Receipt this Period<br>250.00   |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>WMX PAC<br>3003 BUTTERFIELD ROAD<br>OAK BROOK, IL 60521<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                                         | Name of Employer<br><br>Occupation<br>Aggregate Year-to-Date > \$ 500.00   | Date (month, day, year)<br>10-30-96 | Amount of Each Receipt this Period<br>250.00   |

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

10,000.00

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

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedules  
for each category of the  
Detailed Summary Page

PAGE 7 OF 11

FOR LINE NUMBER  
11(c)

## CONTRIBUTIONS FROM OTHER POLITICAL COMMITTEES

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## NAME OF COMMITTEE (in full)

CHRIS JOHN FOR CONGRESS COMMITTEE, INC.

C00316596

|                                                                                                                                                                                                                                                                                                              |                                                                                                     |                                            |                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>DUPONT GOOD GOVERNMENT FUND<br>SUITE 1820<br>BATON ROUGE, LA 70825<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                            | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 500.00   | <b>Date (month, day, year)</b><br>10-30-96 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>AMERICAN MEDICAL POLITICAL ACTION COMMITTEE<br>1101 VERMONT AVE. NW<br>WASHINGTON, DC 20005<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                   | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 5,000.00 | <b>Date (month, day, year)</b><br>10-30-96 | <b>Amount of Each Receipt this Period</b><br>5,000.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>INTERSTATE CARRIER CONFERENCE POLITICAL ACTION COMMITTEE<br>2200 MILL ROAD<br>ALEXANDRIA, VA 22314<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 1,000.00 | <b>Date (month, day, year)</b><br>10-30-96 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>OCCIDENTAL PETROLEUM CORPORATION (OKYPAC)<br>10889 WILSHIRE BLVD.<br>LOS ANGELES, CA 90024<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                    | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 2,500.00 | <b>Date (month, day, year)</b><br>10-30-96 | <b>Amount of Each Receipt this Period</b><br>2,000.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>PPG EMPLOYEES VOLUNTARY POLITICAL CAMPAIGN FUND<br>P.O. BOX 1000<br>LAKE CHARLES, LA 70602-1000<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):               | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 2,500.00 | <b>Date (month, day, year)</b><br>10-30-96 | <b>Amount of Each Receipt this Period</b><br>1,500.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>AMERICAN TRUCKING PAC<br>430 FIRST STREET SE<br>WASHINGTON, DC 20003<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                          | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 1,000.00 | <b>Date (month, day, year)</b><br>10-30-96 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>UNION PACIFIC FUND FOR EFFECTIVE GOVERNMENT<br>555 THIRTEENTH STREET NW STE. 450 WEST<br>WASHINGTON, DC 20004<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 750.00   | <b>Date (month, day, year)</b><br>10-30-96 | <b>Amount of Each Receipt this Period</b><br>750.00   |

SUBTOTAL of Receipts This Page (optional)

11,750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**
**ITEMIZED RECEIPTS**

Use separate schedules for each category of the Detailed Summary Page

PAGE 8 OF 11

FOR LINE NUMBER 11(c)

**CONTRIBUTIONS FROM OTHER POLITICAL COMMITTEES**

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**NAME OF COMMITTEE (in Full)**

CHRIS JOHN FOR CONGRESS COMMITTEE, INC.

C00316596

|                                                                                                                                                                                                                                                                                                                      |                                                                                                     |                                            |                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>EXPRESS SERVICES, INC POLITICAL ACTION COMMITTEE<br>6300 NW EXPRESSWAY ST., SUITE 200<br>OKLAHOMA CITY, OK 73132-5130<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 750.00   | <b>Date (month, day, year)</b><br>10-30-96 | <b>Amount of Each Receipt this Period</b><br>750.00   |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>DANA CORPORATION POLITICAL ACTION COMMITTEE (DANAPAC)<br>4500 DORR STREET<br>TOLEDO, OH 43697<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                         | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 500.00   | <b>Date (month, day, year)</b><br>10-30-96 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>BILL BREWSTER FOR CONGRESS<br>P.O. BOX 10<br>MADILL, OK 73446<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                         | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 1,500.00 | <b>Date (month, day, year)</b><br>10-30-96 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>BROWNBUILDERS POLITICAL ACTION COMMITTEE<br>P.O. BOX 3<br>HOUSTON, TX 77001-0003<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                      | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 1,000.00 | <b>Date (month, day, year)</b><br>10-31-96 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>APACHE CORPORATION POLITICAL ACTION COMMITTEE<br>2000 POST OAK BLVD., STE 100<br>HOUSTON, TX 77056-4400<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):               | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 1,000.00 | <b>Date (month, day, year)</b><br>10-31-96 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>BRISTOL-MYERS SQUIBB COMPANY<br>EMPLOYEE POLITICAL ACTION COMMITTEE<br>345 PARK AVE.<br>NEW YORK, NY 10154<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 500.00   | <b>Date (month, day, year)</b><br>11-1-96  | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>MCKESSON EMPLOYEES POLITICAL FUND<br>ONE POST STREET, SUITE 3200<br>SAN FRANCISCO, CA 94104-5280<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                      | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 500.00   | <b>Date (month, day, year)</b><br>11-1-96  | <b>Amount of Each Receipt this Period</b><br>500.00   |

SUBTOTAL of Receipts This Page (optional)

4,750.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

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

PAGE 9 OF 11

FOR LINE NUMBER  
11(c)

## CONTRIBUTIONS FROM OTHER POLITICAL COMMITTEES

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## NAME OF COMMITTEE (in Full)

CHRIS JOHN FOR CONGRESS COMMITTEE, INC.

CD0316596

|                                                                                                                                                                                                                                                                                                                                                  |                                                                                                     |                                           |                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>AICPA EFFECTIVE LEGISLATION COMMITTEE<br>2400 VETERANS BLVD., SUITE 500<br>KENNER, LA 70062-4739<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                              | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 1,000.00 | <b>Date (month, day, year)</b><br>11-1-96 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>CREDIT UNION LEGISLATIVE ACTION COUNCIL<br>OF CREDIT UNION NATIONAL ASSOC.<br>805 FIFTEENTH STREET NW, SUITE 300<br>WASHINGTON, DC 20005-2207<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 1,000.00 | <b>Date (month, day, year)</b><br>11-1-96 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>DEALERS ELECTION ACTION COMMITTEE OF<br>THE NADA<br>8400 WESTPARK DRIVE<br>MCLEAN, VA 22102<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                   | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 5,000.00 | <b>Date (month, day, year)</b><br>11-1-96 | <b>Amount of Each Receipt this Period</b><br>5,000.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>GAS EMPLOYEES POLITICAL ACTION<br>COMMITTEE (GASPAC)<br>1515 WILSON BLVD<br>ARLINGTON, VA 22209<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                               | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 500.00   | <b>Date (month, day, year)</b><br>11-4-96 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>PAN ENERGY CORP. - POLITICAL ACTION<br>COMMITTEE<br>5400 WESTHEIMER<br>HOUSTON, TX 77056<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                      | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 500.00   | <b>Date (month, day, year)</b><br>11-4-96 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>CONSOLIDATED NATURAL GAS SERVICE<br>COMPANY, INC.<br>EXECUTIVES POLITICAL FUND<br>P.O. BOX 2545<br>PITTSBURG, PA 15230-2545<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                   | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 1,250.00 | <b>Date (month, day, year)</b><br>11-4-96 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>BUILD POLITICAL ACTION COMMITTEE OF<br>THE NATIONAL ASSOCIATION OF HOME<br>BUILDERS<br>1201 15TH STREET NW<br>WASHINGTON, DC 20005-2800<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):       | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 2,000.00 | <b>Date (month, day, year)</b><br>11-4-96 | <b>Amount of Each Receipt this Period</b><br>2,000.00 |

SUBTOTAL of Receipts This Page (optional)

10,500.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedules  
for each category of the  
Detailed Summary PagePAGE 10 OF 11  
FOR LINE NUMBER  
11(c)

## CONTRIBUTIONS FROM OTHER POLITICAL COMMITTEES

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## NAME OF COMMITTEE (in full)

CHRIS JOHN FOR CONGRESS COMMITTEE, INC.

G00316596

|                                                                                                                                                                                                                                                                                                                  |                                                                                                     |                                           |                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>TEXAS INDUSTRIES, INC.<br>POLITICAL ACTION COMMITTEE<br>1341 W. MOCKINGBIRD LANE<br>DALLAS, TX 75247<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 500.00   | <b>Date (month, day, year)</b><br>11-5-96 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>COLUMBIA GAS EMPLOYEES POLITICAL ACTION FUND B<br>12355 SUNRISE VALLEY DRIVE<br>RESTON, VA 20191<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                  | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 1,000.00 | <b>Date (month, day, year)</b><br>11-5-96 | <b>Amount of Each Receipt this Period</b><br>500.00   |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>PHILLIPS PETROLEUM COMPANY<br>POLITICAL ACTION COMMITTEE<br>16TH FLOOR, PHILLIPS BLDG.<br>BARTLESVILLE, OK 74004<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):  | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 1,000.66 | <b>Date (month, day, year)</b><br>11-5-96 | <b>Amount of Each Receipt this Period</b><br>1,000.66 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>ASSOCIATED BUILDERS & CONTRACTORS<br>POLITICAL ACTION COMMITTEE<br>1300 NORTH 17TH STREET<br>ROSSLYN, VA 22209<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):    | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 1,000.00 | <b>Date (month, day, year)</b><br>11-5-96 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>DEERE PAC - ILLINOIS<br>DEERE & COMPANY<br>JOHN DEERE ROAD<br>MOLINE, IL 61265<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                    | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 1,000.00 | <b>Date (month, day, year)</b><br>11-5-96 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>THE LOUISIANA LAND & EXPLORATION COMPANY<br>POLITICAL ACTION COMMITTEE<br>P.O. BOX 60350<br>NEW ORLEANS, LA 70160<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 1,000.00 | <b>Date (month, day, year)</b><br>11-6-96 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>PHILLIP MORRIS COMPANIES, INC.<br>POLITICAL ACTION COMMITTEE<br>120 PARK AVENUE<br>NEW YORK, NY 10017<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):             | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 1,000.00 | <b>Date (month, day, year)</b><br>11-6-96 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |

SUBTOTAL of Receipts This Page (optional)

6,000.66

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

**CONTRIBUTIONS FROM OTHER POLITICAL COMMITTEES**

Use separate schedules  
for each category of the  
Detailed Summary Page

PAGE 11 OF 11  
FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (in full)

CHRIS JOHN FOR CONGRESS COMMITTEE, INC.

C00316596

|                                                                                                                                                                                                                                                                                                       |                                                                                |                                     |                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>CSWE POLITICAL ACTION COMMITTEE<br>P.O. BOX 660164<br>DALLAS, TX 75266-0164<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                        | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$ 500.00   | Date (month, day, year)<br>11-8-96  | Amount of Each Receipt this Period<br>500.00                            |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>SOCIETY OF AMERICAN FLORIST-POLITICAL ACTION COMMITTEE<br>1604 DUKE STREET<br>ALEXANDRIA, VA 22314<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$ 500.00   | Date (month, day, year)<br>11-8-96  | Amount of Each Receipt this Period<br>500.00                            |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>HARRY LEE, SHERIFF<br>RE-ELECTION CAMPAIGN FUND<br>P.O. BOX 188<br>GRETN, LA 70054-0118<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$ 1,000.00 | Date (month, day, year)<br>11-8-96  | Amount of Each Receipt this Period<br>1,000.00                          |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>ENTEX BETTER GOVERNMENT COMMITTEE<br>P.O. BOX 2628<br>HOUSTON, TX 77252-2628<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                       | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$ 250.00   | Date (month, day, year)<br>11-22-96 | Amount of Each Receipt this Period<br>250.00                            |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>NFIB SAFE TRUST<br>600 MARYLAND AVE. SW, SUITE 700<br>WASHINGTON, DC 20024<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                         | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$ 5,000.00 | Date (month, day, year)<br>10-28-96 | Amount of Each Receipt this Period<br>5,000.00 IN-KIND<br>(ADVERTISING) |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br><br><br><br><br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify):                                                                                       | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$          | Date (month, day, year)             | Amount of Each Receipt this Period                                      |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br><br><br><br><br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                                                                  | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$          | Date (month, day, year)             | Amount of Each Receipt this Period                                      |

SUBTOTAL of Receipts This Page (optional)

7,250.00

TOTAL This Period (last page this line number only)

87,750.66

**SCHEDULE A**

**ITEMIZED RECEIPTS**

**EXEMPT LEGAL & ACCOUNTING SERVICES**

Use separate schedules for each category of the Detailed Summary Page

PAGE 1 OF 1  
FOR LINE NUMBER N/A

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**NAME OF COMMITTEE (In Full)**

CHRIS JOHN FOR CONGRESS COMMITTEE, INC.

C00316596

|                                                                                                                                                                                                                                                             |                                                                                                                                             |                                                                   |                                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|----------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br><br>STEPHANIE TRAHAN<br>P. O. DRAWER 307<br>CROWLEY, LA 70527-0307<br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):  | <b>Name of Employer</b><br>BROUSSARD, POCHE',<br>LEWIS & BREAU<br><br><b>Occupation</b><br>CPA<br><br><b>Aggregate Year-to-Date</b> > \$    | <b>Date (month, day, year)</b><br>10-17-96<br>THROUGH<br>11-25-96 | <b>Amount of Each Receipt this Period</b><br><br>644.00 MEMO   |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br><br>TROY BREAU<br>P. O. DRAWER 307<br>CROWLEY, LA 70527-0307<br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):        | <b>Name of Employer</b><br>BROUSSARD, POCHE',<br>LEWIS & BREAU<br><br><b>Occupation</b><br>CPA<br><br><b>Aggregate Year-to-Date</b> > \$    | <b>Date (month, day, year)</b><br>10-17-96<br>THROUGH<br>11-25-96 | <b>Amount of Each Receipt this Period</b><br><br>1,276.50 MEMO |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br><br>ROCHELLE GUILLORY<br>P. O. DRAWER 307<br>CROWLEY, LA 70527-0307<br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>BROUSSARD, POCHE',<br>LEWIS & BREAU<br><br><b>Occupation</b><br>TYPIST<br><br><b>Aggregate Year-to-Date</b> > \$ | <b>Date (month, day, year)</b><br>10-17-96<br>THROUGH<br>11-25-96 | <b>Amount of Each Receipt this Period</b><br><br>170.00 MEMO   |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br><br>STELLA DUHON<br>P. O. DRAWER 307<br>CROWLEY, LA 70527-0307<br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):      | <b>Name of Employer</b><br>BROUSSARD, POCHE'<br>LEWIS & BREAU<br><br><b>Occupation</b><br>TYPIST<br><br><b>Aggregate Year-to-Date</b> > \$  | <b>Date (month, day, year)</b><br>10-17-96<br>THROUGH<br>11-25-96 | <b>Amount of Each Receipt this Period</b><br><br>209.00 MEMO   |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br><br><br><br><br><br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                    | <b>Name of Employer</b><br><br><br><br><br><b>Occupation</b><br><br><br><br><br><b>Aggregate Year-to-Date</b> > \$                          | <b>Date (month, day, year)</b><br><br><br><br><br>                | <b>Amount of Each Receipt this Period</b><br><br><br><br><br>  |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br><br><br><br><br><br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                    | <b>Name of Employer</b><br><br><br><br><br><b>Occupation</b><br><br><br><br><br><b>Aggregate Year-to-Date</b> > \$                          | <b>Date (month, day, year)</b><br><br><br><br><br>                | <b>Amount of Each Receipt this Period</b><br><br><br><br><br>  |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br><br><br><br><br><br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                    | <b>Name of Employer</b><br><br><br><br><br><b>Occupation</b><br><br><br><br><br><b>Aggregate Year-to-Date</b> > \$                          | <b>Date (month, day, year)</b><br><br><br><br><br>                | <b>Amount of Each Receipt this Period</b><br><br><br><br><br>  |

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

2,299.50 MEMO

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

2,299.50 MEMO

**SCHEDULE B**
**ITEMIZED DISBURSEMENTS**

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

**OPERATING EXPENDITURES**

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**NAME OF COMMITTEE (in Full)**

CHRIS JOHN FOR CONGRESS COMMITTEE, INC.

CU0316596

|                                                                                                                                |                                                                                                                                                                                                  |                                                                                |                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>KAPLAN ADVERTISING<br>P.O. DRAWER 51500<br>LAFAYETTE, LA 70505            | <b>Purpose of Disbursement</b><br>ADVERTISING<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                 | <b>Date (month, day, year)</b><br>10-17-96<br>10-17-96<br>10-22-96<br>10-24-96 | <b>Amount of Each Disbursement This Period</b><br>33,090.80<br>4,000.00<br>4,029.68<br>4,029.68  |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>KAPLAN ADVERTISING<br>P.O. DRAWER 51500<br>LAFAYETTE, LA 70505            | <b>Purpose of Disbursement</b><br>ADVERTISING<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                 | <b>Date (month, day, year)</b><br>10-24-96<br>10-28-96<br>10-30-96<br>10-30-96 | <b>Amount of Each Disbursement This Period</b><br>28,577.00<br>26,296.76<br>4,519.08<br>4,235.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>KAPLAN ADVERTISING<br>P.O. DRAWER 51500<br>LAFAYETTE, LA 70505            | <b>Purpose of Disbursement</b><br>ADVERTISING<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                 | <b>Date (month, day, year)</b><br>11-15-96                                     | <b>Amount of Each Disbursement This Period</b><br>10,000.00                                      |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>BELL SOUTH<br>3807 AMBASSADOR CAFFERY PARKWAY<br>LAFAYETTE, LA 70503-5234 | <b>Purpose of Disbursement</b><br>PHONE - CROWLEY OFFICE<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | <b>Date (month, day, year)</b><br>10-18-96<br>10-22-96<br>11-18-96<br>11-22-96 | <b>Amount of Each Disbursement This Period</b><br>165.00<br>468.15<br>505.27<br>75.00            |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>BELL SOUTH<br>3807 AMBASSADOR CAFFERY PARKWAY<br>LAFAYETTE, LA 70503-5234 | <b>Purpose of Disbursement</b><br>PHONE - OPELOUSAS OFFICE<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    | <b>Date (month, day, year)</b><br>10-25-96<br>10-31-96                         | <b>Amount of Each Disbursement This Period</b><br>100.00<br>217.33                               |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>BELL SOUTH<br>3807 AMBASSADOR CAFFERY PARKWAY<br>LAFAYETTE, LA 70503-5234 | <b>Purpose of Disbursement</b><br>PHONE - LAKE CHARLES OFFICE<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>11-18-96                                     | <b>Amount of Each Disbursement This Period</b><br>389.61                                         |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>BELL SOUTH<br>3807 AMBASSADOR CAFFERY PARKWAY<br>LAFAYETTE, LA 70503-5234 | <b>Purpose of Disbursement</b><br>CAR PHONE<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                   | <b>Date (month, day, year)</b><br>11-1-96<br>11-1-96                           | <b>Amount of Each Disbursement This Period</b><br>1,060.81<br>121.98                             |
| <b>H. Full Name, Mailing Address and ZIP Code</b><br>BELL SOUTH<br>3807 AMBASSADOR CAFFERY PARKWAY<br>LAFAYETTE, LA 70503-5234 | <b>Purpose of Disbursement</b><br>TELEPHONE<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                   | <b>Date (month, day, year)</b><br>10-28-96                                     | <b>Amount of Each Disbursement This Period</b><br>53.54                                          |
| <b>I. Full Name, Mailing Address and ZIP Code</b><br>CORT FURNITURE<br>4810 CONSTITUTION AVE.<br>BATON ROUGE, LA 70808-3399    | <b>Purpose of Disbursement</b><br>OFFICE FURNITURE RENT<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | <b>Date (month, day, year)</b><br>10-28-96                                     | <b>Amount of Each Disbursement This Period</b><br>150.88                                         |

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

122,085.57

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

**SCHEDULE B**
**ITEMIZED DISBURSEMENTS**

 Use separate schedule(s)  
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**OPERATING EXPENDITURES**

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**NAME OF COMMITTEE (In Full)**

CHRIS JOHN FOR CONGRESS COMMITTEE, INC.

CD0316596

|                                                                                                                                    |                                                                                                                                                                                                         |                                                                               |                                                                                        |
|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>ACADIANA CHRISTIAN ENTERPRISES<br>1028 N. PARKERSON AVE.<br>CROWLEY, LA 70526 | <b>Purpose of Disbursement</b><br>RENT<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                               | <b>Date (month, day, year)</b><br>11-1-96                                     | <b>Amount of Each Disbursement This Period</b><br>448.32                               |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>WHITING OFFICE SUPPLY<br>P.O. DRAWER 327<br>CROWLEY, LA 70527-0327            | <b>Purpose of Disbursement</b><br>OFFICE SUPPLIES<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                    | <b>Date (month, day, year)</b><br>11-8-96                                     | <b>Amount of Each Disbursement This Period</b><br>130.90                               |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>U.S. POSTAL SERVICE<br>CROWLEY, LA 70527                                      | <b>Purpose of Disbursement</b><br>POSTAGE<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                            | <b>Date (month, day, year)</b><br>10-23-96<br>10-28-96<br>10-31-96<br>11-1-96 | <b>Amount of Each Disbursement This Period</b><br>288.00<br>96.00<br>96.00<br>1,624.52 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>U.S. POSTAL SERVICE<br>CROWLEY, LA 70527                                      | <b>Purpose of Disbursement</b><br>POSTAGE<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                            | <b>Date (month, day, year)</b><br>11-6-96<br>11-12-96<br>11-20-96<br>11-22-96 | <b>Amount of Each Disbursement This Period</b><br>64.00<br>2.52<br>123.60<br>145.88    |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>CAPITAL MANAGEMENT<br>P.O. BOX 53548<br>LAFAYETTE, LA 70505-3548              | <b>Purpose of Disbursement</b><br>POLITICAL CONSULTING<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)               | <b>Date (month, day, year)</b><br>11-4-96                                     | <b>Amount of Each Disbursement This Period</b><br>5,000.00                             |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>KAREN HEBERT<br>2569 N. CHEROKEE<br>CROWLEY, LA 70526                         | <b>Purpose of Disbursement</b><br>PAYROLL<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                            | <b>Date (month, day, year)</b><br>10-18-96<br>11-1-96<br>11-15-96             | <b>Amount of Each Disbursement This Period</b><br>632.63<br>632.63<br>632.63           |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>MONICA TAYLOR<br>1020 EDWARD AVE.<br>OPELOUSAS, LA 70570                      | <b>Purpose of Disbursement</b><br>PAYROLL/REIMBURSEMENT<br>FOR RALLY<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>10-18-96<br>10-29-96<br>11-1-96<br>11-15-96 | <b>Amount of Each Disbursement This Period</b><br>495.42<br>450.00<br>495.42<br>495.42 |
| <b>H. Full Name, Mailing Address and ZIP Code</b><br>ACADIA LUMBER YARD<br>P.O. BOX 857<br>CROWLEY, LA 70527-0857                  | <b>Purpose of Disbursement</b><br>SIGN SUPPLIES<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                      | <b>Date (month, day, year)</b><br>11-1-96                                     | <b>Amount of Each Disbursement This Period</b><br>127.69                               |
| <b>I. Full Name, Mailing Address and ZIP Code</b><br>WAL-MART<br>729 ODDFELLOWS RD.<br>CROWLEY, LA 70526                           | <b>Purpose of Disbursement</b><br>SUPPLIES FOR VICTORY<br>PARTY<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | <b>Date (month, day, year)</b><br>11-5-96                                     | <b>Amount of Each Disbursement This Period</b><br>70.49                                |

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

12,052.07

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

**SCHEDULE B**
**ITEMIZED DISBURSEMENTS**

 Use separate schedule(s)  
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**OPERATING EXPENDITURES**

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**NAME OF COMMITTEE (In Full)**

CHRIS JOHN FOR CONGRESS COMMITTEE, INC.

C00316596

|                                                                                                                          |                                                                                                                                                                                                    |                                                                              |                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>SHILA GARY<br>311 W. PARK MANOR<br>LAKE CHARLES, LA 70611           | <b>Purpose of Disbursement</b><br>CAMPAIGN LABOR<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | <b>Date (month, day, year)</b><br>11-12-96                                   | <b>Amount of Each Disbursement This Period</b><br>260.00                                 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>ADAM'S COPY SERVICES<br>P.O. BOX 373<br>CROWLEY, LA 70527-0373      | <b>Purpose of Disbursement</b><br>OFFICE SUPPLIES<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)               | <b>Date (month, day, year)</b><br>10-21-96<br>10-28-96<br>11-1-96<br>11-8-96 | <b>Amount of Each Disbursement This Period</b><br>140.40<br>951.64<br>1,711.80<br>190.08 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>EVANGELINE BANK AND TRUST<br>P.O. BOX 496<br>CROWLEY, LA 70527-0496 | <b>Purpose of Disbursement</b><br>PAYROLL TAXES/<br>BANK CHARGE<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>10-28-96<br>11-12-96<br>10-31-96           | <b>Amount of Each Disbursement This Period</b><br>247.50<br>2,109.55<br>2.00             |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>CROWLEY POST SIGNAL<br>P.O. BOX 1589<br>CROWLEY, LA 70527-1589      | <b>Purpose of Disbursement</b><br>SUBSCRIPTION<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                  | <b>Date (month, day, year)</b><br>10-28-96                                   | <b>Amount of Each Disbursement This Period</b><br>5.20                                   |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>BAYOU SCREEN GRAPHICS<br>P.O. BOX 1882<br>CROWLEY, LA 70527-1882    | <b>Purpose of Disbursement</b><br>T-SHIRTS<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                      | <b>Date (month, day, year)</b><br>10-18-96<br>10-21-96                       | <b>Amount of Each Disbursement This Period</b><br>290.25<br>124.24                       |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>LONG DISTANCE SAVERS<br>P.O. BOX 8026<br>MONROE, LA 71211-8026      | <b>Purpose of Disbursement</b><br>LONG-DISTANCE SERVICE<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | <b>Date (month, day, year)</b><br>11-8-96<br>11-8-96                         | <b>Amount of Each Disbursement This Period</b><br>81.44<br>446.16                        |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>OFFICE DEPOT<br>4670 JOHNSON ST.<br>LAFAYETTE, LA 70503             | <b>Purpose of Disbursement</b><br>OFFICE SUPPLIES<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)               | <b>Date (month, day, year)</b><br>10-17-96<br>10-22-96                       | <b>Amount of Each Disbursement This Period</b><br>70.93<br>116.43                        |
| <b>H. Full Name, Mailing Address and ZIP Code</b><br>LAFAYETTE COURTESY MOTORS<br>P.O. BOX 90505<br>LAFAYETTE, LA 70509  | <b>Purpose of Disbursement</b><br>CAMPAIGN VEHICLE<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)              | <b>Date (month, day, year)</b><br>10-28-96                                   | <b>Amount of Each Disbursement This Period</b><br>400.00                                 |
| <b>I. Full Name, Mailing Address and ZIP Code</b><br>CLECO<br>P.O. BOX 69000<br>ALEXANDRIA, LA 71306-9000                | <b>Purpose of Disbursement</b><br>UTILITIES - OPELOUSAS<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | <b>Date (month, day, year)</b><br>10-28-96<br>11-18-96                       | <b>Amount of Each Disbursement This Period</b><br>45.43<br>35.00                         |

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

7,228.05

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

**SCHEDULE B**
**ITEMIZED DISBURSEMENTS**

 Use separate schedule(s)  
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**OPERATING EXPENDITURES**

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NAME OF COMMITTEE (in Full)

CHRIS JOHN FOR CONGRESS COMMITTEE, INC.

C00316596

|                                                                                                                                                       |                                                                                                                                                                                                                      |                                                                              |                                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>MAGNOLIA RETAIL SALES<br>809 JEFFERSON HWY.<br>JEFFERSON, LA 70121                               | <b>Purpose of Disbursement</b><br>WINE FOR FUNDRAISER<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                             | <b>Date (month, day, year)</b><br>11-8-96                                    | <b>Amount of Each Disbursement This Period</b><br>583.08                               |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>WAGON WHEEL BARBECUE AND CATERING<br>703 W. PRIEN LAKE RD.<br>LAKE CHARLES, LA 70601             | <b>Purpose of Disbursement</b><br>CATERING FOR FUNDRAISER<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                         | <b>Date (month, day, year)</b><br>11-1-96<br>11-8-96                         | <b>Amount of Each Disbursement This Period</b><br>270.17<br>748.44                     |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>FROSTO<br>P.O. BOX 1981<br>CROWLEY, LA 70527-1981                                                | <b>Purpose of Disbursement</b><br>MEALS<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                           | <b>Date (month, day, year)</b><br>11-18-96                                   | <b>Amount of Each Disbursement This Period</b><br>223.44                               |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>CANDY SPECIALTY CO.<br>P.O. BOX 308<br>CROWLEY, LA 70527-0308                                    | <b>Purpose of Disbursement</b><br>CANDY FOR PARADES<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                               | <b>Date (month, day, year)</b><br>11-22-96                                   | <b>Amount of Each Disbursement This Period</b><br>1,256.74                             |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>HICKS ENTERPRISES<br>418 E. ACADEMY<br>JENNINGS, LA 70546                                        | <b>Purpose of Disbursement</b><br>SIGN WORK<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                       | <b>Date (month, day, year)</b><br>10-18-96<br>10-25-96<br>11-1-96<br>11-8-96 | <b>Amount of Each Disbursement This Period</b><br>300.00<br>300.00<br>300.00<br>300.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>HICKS ENTERPRISES<br>418 E. ACADEMY<br>JENNINGS, LA 70546                                        | <b>Purpose of Disbursement</b><br>SIGN WORK<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                       | <b>Date (month, day, year)</b><br>11-15-96                                   | <b>Amount of Each Disbursement This Period</b><br>300.00                               |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>ENTERGY<br>P.O. BOX 61009<br>NEW ORLEANS, LA 70161                                               | <b>Purpose of Disbursement</b><br>UTILITIES - LAKE CHARLES<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                        | <b>Date (month, day, year)</b><br>10-28-96<br>11-18-96                       | <b>Amount of Each Disbursement This Period</b><br>123.84<br>61.54                      |
| <b>H. Full Name, Mailing Address and ZIP Code</b><br>LOUP SIGN CO.<br>217 E. THOMAS STREET<br>SULPHUR, LA 70663                                       | <b>Purpose of Disbursement</b><br>SIGNS<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                           | <b>Date (month, day, year)</b><br>10-22-96                                   | <b>Amount of Each Disbursement This Period</b><br>8,700.00                             |
| <b>I. Full Name, Mailing Address and ZIP Code</b><br>LYNN JONES, DBA<br>GRASS ROOTS CONSULTING<br>937 ROSSMORE AVE., BLDG. B<br>BATON ROUGE, LA 70810 | <b>Purpose of Disbursement</b><br>REIMBURSE CAMPAIGN EXP.<br>POLITICAL CONSULTING<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>11-1-96<br>11-12-96<br>11-15-96            | <b>Amount of Each Disbursement This Period</b><br>750.00<br>332.86<br>750.00           |

SUBTOTAL of Disbursements This Page (optional)

15,300.11

TOTAL This Period (last page this line number only)

**SCHEDULE B**
**ITEMIZED DISBURSEMENTS**

 Use separate schedule(s)  
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**OPERATING EXPENDITURES**

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**NAME OF COMMITTEE (in Full)**

CHRIS JOHN FOR CONGRESS COMMITTEE, INC.

C00316596

|                                                                                                                                         |                                                                                                                                                                                               |                                                                               |                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>RICE PALACE<br>2015 N. CHEROKEE<br>CROWLEY, LA 70526                               | <b>Purpose of Disbursement</b><br>FUEL<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                     | <b>Date (month, day, year)</b><br>10-31-96                                    | <b>Amount of Each Disbursement This Period</b><br>336.73                                     |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>P & L FOOD MART<br>620 S. EASTERN AVE.<br>CROWLEY, LA 70526                        | <b>Purpose of Disbursement</b><br>FOOD FOR FUNDRAISER<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | <b>Date (month, day, year)</b><br>11-8-96                                     | <b>Amount of Each Disbursement This Period</b><br>112.83                                     |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>MICHAEL LELEUX<br>COASTAL FLOOR COVERING<br>P.O. BOX 453<br>CROWLEY, LA 70527-0453 | <b>Purpose of Disbursement</b><br>REIMBURSE FOR FUNDRAISER<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>10-28-95                                    | <b>Amount of Each Disbursement This Period</b><br>139.90                                     |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>KEITH FRANK<br>571 PAUL FRANK RD.<br>OBERLIN, LA 70655                             | <b>Purpose of Disbursement</b><br>BAND FOR RALLY<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | <b>Date (month, day, year)</b><br>10-29-96                                    | <b>Amount of Each Disbursement This Period</b><br>1,400.00                                   |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>FARM BUREAU INSURANCE<br>19157 CROWLEY-EUNICE HWY.<br>CROWLEY, LA 70526            | <b>Purpose of Disbursement</b><br>INSURANCE FOR PARTY<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | <b>Date (month, day, year)</b><br>10-24-96                                    | <b>Amount of Each Disbursement This Period</b><br>449.40                                     |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>AMERICAN LEGION ACADIA POST 15<br>W. HWY. 90<br>CROWLEY, LA 70526                  | <b>Purpose of Disbursement</b><br>RENTAL OF HALL<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | <b>Date (month, day, year)</b><br>10-24-96<br>11-5-96                         | <b>Amount of Each Disbursement This Period</b><br>200.00<br>225.00                           |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>RICKY VERRET<br>P.O. BOX 31953<br>LAFAYETTE, LA 70593-1953                         | <b>Purpose of Disbursement</b><br>PAYROLL/SUPPLIES<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | <b>Date (month, day, year)</b><br>10-18-96<br>11-1-96<br>11-15-96<br>11-18-96 | <b>Amount of Each Disbursement This Period</b><br>1,188.60<br>1,188.60<br>1,188.60<br>198.83 |
| <b>H. Full Name, Mailing Address and ZIP Code</b><br>KRISTIE T. BROUSSARD<br>1539 SAVOY ROAD<br>YOUNGSVILLE, LA 70592                   | <b>Purpose of Disbursement</b><br>PAYROLL/SUPPLIES<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | <b>Date (month, day, year)</b><br>10-18-96<br>11-1-96<br>11-15-96<br>11-18-96 | <b>Amount of Each Disbursement This Period</b><br>515.61<br>515.61<br>515.61<br>77.64        |
| <b>I. Full Name, Mailing Address and ZIP Code</b><br>HAAS-HIRSCH<br>318 S. COURT STREET<br>OPELOUSAS, LA 70570                          | <b>Purpose of Disbursement</b><br>RENT<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                     | <b>Date (month, day, year)</b><br>11-20-96                                    | <b>Amount of Each Disbursement This Period</b><br>60.00                                      |

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

8,312.96

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

**SCHEDULE B**
**ITEMIZED DISBURSEMENTS**

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**OPERATING EXPENDITURES**

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**NAME OF COMMITTEE (in Full)**

CHRIS JOHN FOR CONGRESS COMMITTEE, INC.

C00316596

|                                                                                                                          |                                                                                                                                                                                         |                                                       |                                                                    |
|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>LAFAYETTE COCA-COLA<br>1314 ERASTE LANDRY<br>LAFAYETTE, LA 70502    | <b>Purpose of Disbursement</b><br>DRINKS FOR PARTY<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   | <b>Date (month, day, year)</b><br>11-18-96            | <b>Amount of Each Disbursement This Period</b><br>92.32            |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>MICHAEL W. MELANCON<br>811 3RD STREET<br>RAYNE, LA 70578            | <b>Purpose of Disbursement</b><br>PAYROLL<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | <b>Date (month, day, year)</b><br>10-21-96            | <b>Amount of Each Disbursement This Period</b><br>230.87           |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>JAMES BOLING<br>2116 COUNTRY CLUB RT. #17<br>LAKE CHARLES, LA 70605 | <b>Purpose of Disbursement</b><br>FIELD COORDINATION<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>11-5-96<br>11-5-96  | <b>Amount of Each Disbursement This Period</b><br>100.00<br>50.00  |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>LEON MANUEL<br>BOX 601<br>OBERLIN, LA 70655                         | <b>Purpose of Disbursement</b><br>FIELD COORDINATION<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>11-5-96             | <b>Amount of Each Disbursement This Period</b><br>150.00           |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>RITA MAE FONTENOT<br>310 RIVER STREET<br>OAKDALE, LA 71463          | <b>Purpose of Disbursement</b><br>FIELD COORDINATION<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>11-5-96             | <b>Amount of Each Disbursement This Period</b><br>75.00            |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>CARLTON GIBSON<br>P.O. BOX 152<br>STARKS, LA 70661                  | <b>Purpose of Disbursement</b><br>FIELD COORDINATION<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>11-5-96             | <b>Amount of Each Disbursement This Period</b><br>150.00           |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>FURDA WYKOFF<br>P.O. BOX 98<br>KINDER, LA 70648                     | <b>Purpose of Disbursement</b><br>FIELD COORDINATION<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>11-5-96             | <b>Amount of Each Disbursement This Period</b><br>200.00           |
| <b>H. Full Name, Mailing Address and ZIP Code</b><br>GEORGIANA SIMON<br>P.O. BOX 215<br>ELTON, LA 70532                  | <b>Purpose of Disbursement</b><br>FIELD COORDINATION<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>11-5-96             | <b>Amount of Each Disbursement This Period</b><br>150.00           |
| <b>I. Full Name, Mailing Address and ZIP Code</b><br>MARY ELLEN SIMIEN<br>1524 MOELING<br>LAKE CHARLES, LA 70601         | <b>Purpose of Disbursement</b><br>FIELD COORDINATION<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>11-5-96<br>11-12-96 | <b>Amount of Each Disbursement This Period</b><br>350.00<br>100.00 |

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

1,648.19

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

**SCHEDULE B**
**ITEMIZED DISBURSEMENTS**

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**OPERATING EXPENDITURES**

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**NAME OF COMMITTEE (in Full)**

CHRIS JOHN FOR CONGRESS COMMITTEE, INC.

C00316596

|                                                                                                                            |                                                                                                                                                                                         |                                                                              |                                                                                       |
|----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>LOUIS ANTOINE<br>1032 S. SAVREMOIST STREET<br>LAKE CHARLES, LA 70601  | <b>Purpose of Disbursement</b><br>FIELD COORDINATION<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>11-5-96                                    | <b>Amount of Each Disbursement This Period</b><br>100.00                              |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>LAWRENCE SPAETGENS<br>1020 E. 6TH STREET<br>CROWLEY, LA 70526         | <b>Purpose of Disbursement</b><br>BEER COOLER RENTAL<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>11-5-96                                    | <b>Amount of Each Disbursement This Period</b><br>25.00                               |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>ALLEN IVORY, JR.<br>P.O. BOX 619<br>BASILE, LA 70515                  | <b>Purpose of Disbursement</b><br>FIELD COORDINATION<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>11-5-96                                    | <b>Amount of Each Disbursement This Period</b><br>150.00                              |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>FERN HEBERT<br>2739 N. CHEROKEE DRIVE<br>CROWLEY, LA 70526            | <b>Purpose of Disbursement</b><br>LABOR<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)              | <b>Date (month, day, year)</b><br>10-23-96<br>10-29-96<br>11-1-96<br>11-5-96 | <b>Amount of Each Disbursement This Period</b><br>35.00<br>105.00<br>70.00<br>70.00   |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>FERN HEBERT<br>2739 N. CHEROKEE DRIVE<br>CROWLEY, LA 70526            | <b>Purpose of Disbursement</b><br>LABOR<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)              | <b>Date (month, day, year)</b><br>11-14-96                                   | <b>Amount of Each Disbursement This Period</b><br>175.00                              |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>IDELL KNEPPER<br>726 N. AVENUE J<br>CROWLEY, LA 70526                 | <b>Purpose of Disbursement</b><br>PAYROLL/SUPPLIES<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   | <b>Date (month, day, year)</b><br>10-18-96<br>11-1-96<br>11-5-96<br>11-19-96 | <b>Amount of Each Disbursement This Period</b><br>502.82<br>502.82<br>502.82<br>38.88 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>THE SINSHEIMER GROUP<br>616-1/2 WEST LANE STREET<br>RALEIGH, NC 27603 | <b>Purpose of Disbursement</b><br>RESEARCH<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | <b>Date (month, day, year)</b><br>10-22-96                                   | <b>Amount of Each Disbursement This Period</b><br>1,979.56                            |
| <b>H. Full Name, Mailing Address and ZIP Code</b><br>NORMAN ANTOINE<br>1420 PITREVILLE HWY.<br>CHURCH POINT, LA 70525      | <b>Purpose of Disbursement</b><br>PHONE BANKING<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | <b>Date (month, day, year)</b><br>11-1-96<br>11-5-96<br>10-25-96             | <b>Amount of Each Disbursement This Period</b><br>126.00<br>72.00<br>21.00            |
| <b>I. Full Name, Mailing Address and ZIP Code</b><br>WANDA BOURQUE<br>452 LEONIE STREET<br>CHURCH POINT, LA 70525          | <b>Purpose of Disbursement</b><br>PHONE BANKING<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | <b>Date (month, day, year)</b><br>10-25-96<br>11-1-96<br>11-5-96             | <b>Amount of Each Disbursement This Period</b><br>63.00<br>84.00<br>72.00             |

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

4,694.90

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

## SCHEDULE B

## ITEMIZED DISBURSEMENTS

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## OPERATING EXPENDITURES

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## NAME OF COMMITTEE (in Full)

CHRIS JOHN FOR CONGRESS COMMITTEE, INC.

C00316596

| A. Full Name, Mailing Address and ZIP Code                          | Purpose of Disbursement                                                                                                                                 | Date (month, day, year)        | Amount of Each Disbursement This Period |
|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------|
| GERARD LORDEN<br>602 N. WILSON<br>CHURCH POINT, LA 70525            | PHONE BANKING<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | 10-25-96<br>11-1-96<br>11-5-96 | 42.00<br>141.00<br>96.00                |
| B. Full Name, Mailing Address and ZIP Code                          | Purpose of Disbursement                                                                                                                                 | Date (month, day, year)        | Amount of Each Disbursement This Period |
| DEIDRE CARRIER<br>138 ACADIAN PLACE #17<br>CHURCH POINT, LA 70525   | PHONE BANKING<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | 10-25-96<br>11-1-96<br>11-5-96 | 42.00<br>147.00<br>96.00                |
| C. Full Name, Mailing Address and ZIP Code                          | Purpose of Disbursement                                                                                                                                 | Date (month, day, year)        | Amount of Each Disbursement This Period |
| JEREMY ROUSSEL<br>100 LILLY STREET LOT 11<br>CHURCH POINT, LA 70525 | PHONE BANKING<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | 10-25-96<br>11-1-96<br>11-5-96 | 150.00<br>245.00<br>170.00              |
| D. Full Name, Mailing Address and ZIP Code                          | Purpose of Disbursement                                                                                                                                 | Date (month, day, year)        | Amount of Each Disbursement This Period |
| JOHNICE FRUGE, JR.<br>706 E. ACADEMY<br>JENNINGS, LA 70546          | POLITICAL CONSULTING<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 11-15-96                       | 598.00                                  |
| E. Full Name, Mailing Address and ZIP Code                          | Purpose of Disbursement                                                                                                                                 | Date (month, day, year)        | Amount of Each Disbursement This Period |
| REDEMPTORIST CATHOLIC<br>606 S. AVENUE N<br>CROWLEY, LA 70526       | DONATION<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | 10-28-96                       | 300.00                                  |
| F. Full Name, Mailing Address and ZIP Code                          | Purpose of Disbursement                                                                                                                                 | Date (month, day, year)        | Amount of Each Disbursement This Period |
| EVANGELINE DOWNS<br>P.O. BOX 90270<br>LAFAYETTE, LA 70503           | RENTAL FOR RALLY<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | 10-29-96<br>11-8-96            | 961.50<br>2,150.50                      |
| G. Full Name, Mailing Address and ZIP Code                          | Purpose of Disbursement                                                                                                                                 | Date (month, day, year)        | Amount of Each Disbursement This Period |
| BOOGIE KINGS<br>P.O. BOX 9348<br>NEW IBERIA, LA 70562               | BAND FOR RALLY<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | 10-29-96                       | 2,000.00                                |
| H. Full Name, Mailing Address and ZIP Code                          | Purpose of Disbursement                                                                                                                                 | Date (month, day, year)        | Amount of Each Disbursement This Period |
| T. K. HULIN<br>1940 CYPRESS ISLAND HWY<br>ST. MARTINVILLE, LA 70582 | RALLY<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | 10-29-96                       | 400.00                                  |
| I. Full Name, Mailing Address and ZIP Code                          | Purpose of Disbursement                                                                                                                                 | Date (month, day, year)        | Amount of Each Disbursement This Period |
| RADIO CTR-KEZN<br>101 W. NAPOLEON<br>SULPHUR, LA 70663              | ADVERTISING<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | 10-29-96                       | 500.00                                  |

SUBTOTAL of Disbursements This Page (optional)

8,039.00

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)**

CHRIS JOHN FOR CONGRESS COMMITTEE, INC.

C00316596

|                                                                                                                                         |                                                                                                                                                                                                 |                                                           |                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>BROUSSARD'S CATERING<br>444 CAJUNDOME BLVD,<br>LAFAYETTE, LA 70503                 | <b>Purpose of Disbursement</b><br>CATERING FOR<br>FUNDRAISER<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month,<br/>day, year)</b><br>10-29-96            | <b>Amount of Each<br/>Disbursement This Period</b><br>1,843.24         |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>CHASITY GUIDRY<br>638 N. HUCKABY<br>CHURCH POINT, LA 70525                         | <b>Purpose of Disbursement</b><br>PHONE BANKING<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)              | <b>Date (month,<br/>day, year)</b><br>11-1-96<br>11-5-96  | <b>Amount of Each<br/>Disbursement This Period</b><br>132.00<br>72.00  |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>LEON SKINN<br>711 ROZAS STREET<br>VILLE PLATTE, LA 70586                           | <b>Purpose of Disbursement</b><br>FIELD COORDINATION<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | <b>Date (month,<br/>day, year)</b><br>11-5-96             | <b>Amount of Each<br/>Disbursement This Period</b><br>250.00           |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>BERLIN PITRE<br>1850 ERNESTINE<br>OPELOUSAS, LA 70570                              | <b>Purpose of Disbursement</b><br>FIELD COORDINATION<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | <b>Date (month,<br/>day, year)</b><br>11-5-96             | <b>Amount of Each<br/>Disbursement This Period</b><br>1,000.00         |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>JOSEPH JEFFERSON<br>G/O CREATIVE SIGNS<br>2119 ROBLEY DRIVE<br>LAFAYETTE, LA 70503 | <b>Purpose of Disbursement</b><br>SIGN WORK<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                  | <b>Date (month,<br/>day, year)</b><br>11-5-96             | <b>Amount of Each<br/>Disbursement This Period</b><br>800.00           |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>S. CAMERON HIGH SCHOOL<br>P.O. BOX 10<br>CREOLE, LA 70632                          | <b>Purpose of Disbursement</b><br>ADVERTISING<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | <b>Date (month,<br/>day, year)</b><br>11-1-96             | <b>Amount of Each<br/>Disbursement This Period</b><br>400.00           |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>KARL R. DEROCEN, JR.<br>2269 HWY. 95 NORTH<br>EUNICE, LA 70535                     | <b>Purpose of Disbursement</b><br>PAYROLL<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                    | <b>Date (month,<br/>day, year)</b><br>11-1-96<br>11-15-96 | <b>Amount of Each<br/>Disbursement This Period</b><br>923.50<br>459.38 |
| <b>H. Full Name, Mailing Address and ZIP Code</b><br>BARRY K. SOILEAU<br>350 S. 9TH STREET<br>EUNICE, LA 70535                          | <b>Purpose of Disbursement</b><br>FIELD COORDINATION<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | <b>Date (month,<br/>day, year)</b><br>11-5-96             | <b>Amount of Each<br/>Disbursement This Period</b><br>1,000.00         |
| <b>I. Full Name, Mailing Address and ZIP Code</b><br>BRETT O. BOURQUE<br>5807 HWY 3059<br>LAKE CHARLES, LA 70615                        | <b>Purpose of Disbursement</b><br>CAMPAIGN LABOR<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | <b>Date (month,<br/>day, year)</b><br>11-8-96             | <b>Amount of Each<br/>Disbursement This Period</b><br>300.00           |

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

7,180.12

**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 10 OF 12  
FOR LINE NUMBER 17

## OPERATING EXPENDITURES

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## NAME OF COMMITTEE (in Full)

CHRIS JOHN FOR CONGRESS COMMITTEE, INC.

CD0316596

|                                                                                                                                  |                                                                                                                                                                                               |                                                                        |                                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| A. Full Name, Mailing Address and ZIP Code<br>JOANN JOHN CATERING<br>P.O. BOX 752<br>CROWLEY, LA 70527-0752                      | Purpose of Disbursement<br>CATERING FOR<br>FUNDRAISER<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | Date (month,<br>day, year)<br>11-8-96                                  | Amount of Each<br>Disbursement This Period<br>900.00                                               |
| B. Full Name, Mailing Address and ZIP Code<br>K.C. COUNCIL #4562<br>P.O. BOX 7362<br>LAKE CHARLES, LA 70606                      | Purpose of Disbursement<br>RENTAL OF HALL<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                  | Date (month,<br>day, year)<br>11-8-96                                  | Amount of Each<br>Disbursement This Period<br>295.00                                               |
| C. Full Name, Mailing Address and ZIP Code<br>CITIBANK VISA<br>BOX 6000<br>THE LAKES, NV 89163-6000                              | Purpose of Disbursement<br>DINING, FUEL,<br>OFFICE EXPENSE<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month,<br>day, year)<br>10-28-96<br>11-22-96                     | Amount of Each<br>Disbursement This Period<br>1,499.64<br>2,126.56                                 |
| D. Full Name, Mailing Address and ZIP Code<br>BELL SOUTH MOBILITY<br>3807 AMBASSADOR CAFFERY PARKWAY<br>LAFAYETTE, LA 70503-5234 | Purpose of Disbursement<br>CAR PHONE<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                       | Date (month,<br>day, year)<br>10-30-96                                 | Amount of Each<br>Disbursement This Period<br>20.52 MEMO                                           |
| E. Full Name, Mailing Address and ZIP Code<br>CHEVRON<br>5750 JOHNSTON STREET<br>LAFAYETTE, LA 70503                             | Purpose of Disbursement<br>FUEL<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                            | Date (month,<br>day, year)<br>9-16-96<br>9-18-96<br>10-5-96<br>10-9-96 | Amount of Each<br>Disbursement This Period<br>24.72 MEMO<br>17.05 MEMO<br>25.43 MEMO<br>19.00 MEMO |
| F. Full Name, Mailing Address and ZIP Code<br>CHEVRON<br>5750 JOHNSTON STREET<br>LAFAYETTE, LA 70503                             | Purpose of Disbursement<br>FUEL<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                            | Date (month,<br>day, year)<br>10-12-96<br>10-17-96                     | Amount of Each<br>Disbursement This Period<br>11.35 MEMO<br>48.00 MEMO                             |
| G. Full Name, Mailing Address and ZIP Code<br>EXXON<br>101-1/2 MAGNATE DRIVE<br>LAFAYETTE, LA 70503                              | Purpose of Disbursement<br>FUEL<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                            | Date (month,<br>day, year)<br>9-11-96<br>9-13-96<br>9-28-96<br>9-30-96 | Amount of Each<br>Disbursement This Period<br>22.85 MEMO<br>24.09 MEMO<br>20.63 MEMO<br>18.47 MEMO |
| H. Full Name, Mailing Address and ZIP Code<br>EXXON<br>101-1/2 MAGNATE DRIVE<br>LAFAYETTE, LA 70503                              | Purpose of Disbursement<br>FUEL<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                            | Date (month,<br>day, year)<br>10-3-96<br>10-13-96<br>10-14-96          | Amount of Each<br>Disbursement This Period<br>23.19 MEMO<br>49.00 MEMO<br>14.08 MEMO               |
| I. Full Name, Mailing Address and ZIP Code<br>EXXON<br>101-1/2 MAGNATE DRIVE<br>LAFAYETTE, LA 70503                              | Purpose of Disbursement<br>FUEL<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                            | Date (month,<br>day, year)<br>10-28-96<br>11-02-96                     | Amount of Each<br>Disbursement This Period<br>40.35 MEMO<br>50.00 MEMO                             |

SUBTOTAL of Disbursements This Page (optional)

4,821.20

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 11 OF 12  
FOR LINE NUMBER 17

**OPERATING EXPENDITURES**

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**NAME OF COMMITTEE (in Full)**

CHRIS JOHN FOR CONGRESS COMMITTEE, INC.

C00316596

|                                                                                                                                    |                                                                                                                                                                                      |                                                                   |                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>RUTH CRIS STEAKHOUSE<br>507 WEST PINHOOK<br>LAFAYETTE, LA 70503               | <b>Purpose of Disbursement</b><br>DINING<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | <b>Date (month, day, year)</b><br>11-02-96                        | <b>Amount of Each Disbursement This Period</b><br>304.62 MEMO                              |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>WAL-MART<br>129 ODDFELLOWS RD.<br>CROWLEY, LA 70526                           | <b>Purpose of Disbursement</b><br>SUPPLIES<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | <b>Date (month, day, year)</b><br>9-21-96<br>11-4-96              | <b>Amount of Each Disbursement This Period</b><br>92.43 MEMO<br>102.62 MEMO                |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>DELTA AIR<br>HARTSFIELD ATLANTA<br>INTERNATIONAL AIRPORT<br>ATLANTA, GA 30320 | <b>Purpose of Disbursement</b><br>AIRFARE<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | <b>Date (month, day, year)</b><br>10-7-96<br>10-18-96             | <b>Amount of Each Disbursement This Period</b><br>747.00 MEMO<br>714.00 MEMO               |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>CHEF ROYS CAFE ACADIE<br>2307 N. PARKERSON AVENUE<br>CROWLEY, LA 70526        | <b>Purpose of Disbursement</b><br>DINING<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | <b>Date (month, day, year)</b><br>11-6-96<br>11-6-96              | <b>Amount of Each Disbursement This Period</b><br>51.62 MEMO<br>90.00 MEMO                 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>OFFICE DEPOT<br>4670 JOHNSTON<br>LAFAYETTE, LA 70503                          | <b>Purpose of Disbursement</b><br>OFFICE SUPPLIES<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>10-21-96<br>10-31-96<br>11-1-96 | <b>Amount of Each Disbursement This Period</b><br>139.74 MEMO<br>34.24 MEMO<br>73.04 MEMO  |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>CONTINENTAL AIR LINES<br>P.O. BOX 12788<br>HOUSTON, TX 77217-2788             | <b>Purpose of Disbursement</b><br>AIRFARE<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | <b>Date (month, day, year)</b><br>10-21-96                        | <b>Amount of Each Disbursement This Period</b><br>364.00 MEMO                              |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>RICE PALACE, INC.<br>2015 N. CHEROKEE RD.<br>CROWLEY, LA 70526                | <b>Purpose of Disbursement</b><br>FUEL<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | <b>Date (month, day, year)</b><br>9-20-96                         | <b>Amount of Each Disbursement This Period</b><br>27.04 MEMO                               |
| <b>H. Full Name, Mailing Address and ZIP Code</b><br>DISCOVER CARD SERVICES<br>P.O. BOX 105430<br>ATLANTA, GA 30348-5430           | <b>Purpose of Disbursement</b><br>SUPPLIES<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | <b>Date (month, day, year)</b><br>10-28-96                        | <b>Amount of Each Disbursement This Period</b><br>299.72                                   |
| <b>I. Full Name, Mailing Address and ZIP Code</b><br>SAM'S CLUB<br>608 SOUTHWEST 8TH STREET<br>BENTONVILLE, AR 72712               | <b>Purpose of Disbursement</b><br>SUPPLIES<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | <b>Date (month, day, year)</b><br>9-19-96<br>9-28-96<br>9-28-96   | <b>Amount of Each Disbursement This Period</b><br>161.32 MEMO<br>138.40 MEMO<br>54.00 MEMO |

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

299.72

**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 12 OF 12  
FOR LINE NUMBER 17

## OPERATING EXPENDITURES

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## NAME OF COMMITTEE (in Full)

CHRIS JOHN FOR CONGRESS COMMITTEE, INC.

C00316596

| A. Full Name, Mailing Address and ZIP Code                                   | Purpose of Disbursement                                                                                                                                | Date (month, day, year) | Amount of Each Disbursement This Period |
|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------|
| MICHAEL ADERMAN<br>1744 OAKDALE DRIVE<br>BATON ROUGE, LA 70810-3119          | AIRLINE FLIGHT<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | 10-29-96                | 225.00 (IN-KIND RECEIVED)               |
| RUSSELL WASHER<br>1744 OAKDALE DRIVE<br>BATON ROUGE, LA 70810-3119           | AIRLINE FLIGHT<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | 10-29-96                | 225.00 (IN-KIND RECEIVED)               |
| SHIELDA TASSIN<br>1301 WEST MAIN STREET<br>VILLE PLATTE, LA 70586            | FUNDRAISER EXPENSES<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 10-21-96                | 758.93 (IN-KIND RECEIVED)               |
| NPFB SAFE TRUST<br>600 MARYLAND AVE. S.W., SUITE 700<br>WASHINGTON, DC 20024 | ADVERTISING<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | 10-28-96                | 5,000.00 (IN-KIND RECEIVED)             |
| UNITEMIZED OPERATING EXPENDITURES                                            |                                                                                                                                                        |                         | 25,552.01                               |
|                                                                              |                                                                                                                                                        |                         |                                         |
|                                                                              |                                                                                                                                                        |                         |                                         |
|                                                                              |                                                                                                                                                        |                         |                                         |
|                                                                              |                                                                                                                                                        |                         |                                         |
|                                                                              |                                                                                                                                                        |                         |                                         |
|                                                                              |                                                                                                                                                        |                         |                                         |

SUBTOTAL of Disbursements This Page (optional)

31,760.94

TOTAL This Period (last page this line number only)

223,422.83

**SCHEDULE B**
**ITEMIZED DISBURSEMENTS**

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

 PAGE 1 OF 1  
FOR LINE NUMBER 21

**OTHER DISBURSEMENTS**

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**NAME OF COMMITTEE (In Full)**

CHRIS JOHN FOR CONGRESS COMMITTEE, INC.

C00316596

|                                                                                                                                     |                                                                                                                                                                                                       |                                            |                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br><br>NICK LAMPSON FOR CONGRESS<br>5695 EAST TEXAS FREEWAY<br>BEAUMONT, TX 77706 | <b>Purpose of Disbursement</b><br>(TX, 9 )<br>FEDERAL CONTRIBUTION<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>11-20-96 | <b>Amount of Each Disbursement This Period</b><br>500.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br><br>KEN BENTSEN FOR CONGRESS<br>3278 S. LOOP WEST<br>HOUSTON, TX 77025         | <b>Purpose of Disbursement</b><br>(TX, 2 )<br>FEDERAL CONTRIBUTION<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>11-20-96 | <b>Amount of Each Disbursement This Period</b><br>500.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br><br>                                                                           | <b>Purpose of Disbursement</b><br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                 | <b>Date (month, day, year)</b><br>         | <b>Amount of Each Disbursement This Period</b><br>       |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br><br>                                                                           | <b>Purpose of Disbursement</b><br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                 | <b>Date (month, day, year)</b><br>         | <b>Amount of Each Disbursement This Period</b><br>       |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br><br>                                                                           | <b>Purpose of Disbursement</b><br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                 | <b>Date (month, day, year)</b><br>         | <b>Amount of Each Disbursement This Period</b><br>       |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br><br>                                                                           | <b>Purpose of Disbursement</b><br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                 | <b>Date (month, day, year)</b><br>         | <b>Amount of Each Disbursement This Period</b><br>       |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br><br>                                                                           | <b>Purpose of Disbursement</b><br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                 | <b>Date (month, day, year)</b><br>         | <b>Amount of Each Disbursement This Period</b><br>       |
| <b>H. Full Name, Mailing Address and ZIP Code</b><br><br>                                                                           | <b>Purpose of Disbursement</b><br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                 | <b>Date (month, day, year)</b><br>         | <b>Amount of Each Disbursement This Period</b><br>       |
| <b>I. Full Name, Mailing Address and ZIP Code</b><br><br>                                                                           | <b>Purpose of Disbursement</b><br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                 | <b>Date (month, day, year)</b><br>         | <b>Amount of Each Disbursement This Period</b><br>       |

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

1,000.00

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

1,000.00

**SCHEDULE C**  
(Revised 3/80)

**LOANS**

Page 1 of 4 for  
LINE NUMBER 10  
(Use separate schedules  
for each numbered line)

|                                                                                                                                                                                                                                                                                         |                                                                                                     |                                                                                                                      |                                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| Name of Committee (in Full)<br><b>CHRIS JOHN FOR CONGRESS COMMITTEE, INC.</b>                                                                                                                                                                                                           |                                                                                                     | <b>C00316596</b>                                                                                                     |                                                                                                         |
| <b>A. Full Name, Mailing Address and ZIP Code of Loan Source</b><br><b>CHRISTOPHER JOHN</b><br><b>P.O. BOX 971</b><br><b>CROWLEY, LA 70527-0971</b><br>Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | <b>Original Amount of Loan</b><br><br><div style="font-size: 1.2em;">5,000.00</div>                 | <b>Cumulative Payment To Date</b><br><br><div style="font-size: 1.2em;">4,000.00</div>                               | <b>Balance Outstanding at Close of This Period</b><br><br><div style="font-size: 1.2em;">1,000.00</div> |
| Terms:    Date Incurred <u>4-1-96</u> Date Due <u>NONE</u> Interest Rate <u>NONE</u> % (apr)    Secured                                                                                                                                                                                 |                                                                                                     |                                                                                                                      |                                                                                                         |
| List All Endorsers or Guarantors (if any) in Item A                                                                                                                                                                                                                                     |                                                                                                     |                                                                                                                      |                                                                                                         |
| <b>1. Full Name, Mailing Address and ZIP Code</b>                                                                                                                                                                                                                                       | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Amount Guaranteed Outstanding:</b><br>\$ | (This area is shaded to indicate that the information required in this section is not to be reported for this loan.) |                                                                                                         |
| <b>2. Full Name, Mailing Address and ZIP Code</b>                                                                                                                                                                                                                                       | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Amount Guaranteed Outstanding:</b><br>\$ |                                                                                                                      |                                                                                                         |
| <b>3. Full Name, Mailing Address and ZIP Code</b>                                                                                                                                                                                                                                       | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Amount Guaranteed Outstanding:</b><br>\$ |                                                                                                                      |                                                                                                         |
| <b>B. Full Name, Mailing Address and ZIP Code of Loan Source</b><br><b>CHRISTOPHER JOHN</b><br><b>P.O. BOX 971</b><br><b>CROWLEY, LA 70527-0971</b><br>Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | <b>Original Amount of Loan</b><br><br><div style="font-size: 1.2em;">5,000.00</div>                 | <b>Cumulative Payment To Date</b><br><br><div style="font-size: 1.2em;">- 0 -</div>                                  | <b>Balance Outstanding at Close of This Period</b><br><br><div style="font-size: 1.2em;">5,000.00</div> |
| Terms:    Date Incurred <u>4-11-96</u> Date Due <u>NONE</u> Interest Rate <u>NONE</u> % (apr)    Secured                                                                                                                                                                                |                                                                                                     |                                                                                                                      |                                                                                                         |
| List All Endorsers or Guarantors (if any) in Item B                                                                                                                                                                                                                                     |                                                                                                     |                                                                                                                      |                                                                                                         |
| <b>1. Full Name, Mailing Address and ZIP Code</b>                                                                                                                                                                                                                                       | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Amount Guaranteed Outstanding:</b><br>\$ | (This area is shaded to indicate that the information required in this section is not to be reported for this loan.) |                                                                                                         |
| <b>2. Full Name, Mailing Address and ZIP Code</b>                                                                                                                                                                                                                                       | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Amount Guaranteed Outstanding:</b><br>\$ |                                                                                                                      |                                                                                                         |
| <b>3. Full Name, Mailing Address and ZIP Code</b>                                                                                                                                                                                                                                       | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Amount Guaranteed Outstanding:</b><br>\$ |                                                                                                                      |                                                                                                         |
| <b>SUBTOTALS This Period This Page (optional)</b>                                                                                                                                                                                                                                       |                                                                                                     |                                                                                                                      | <div style="font-size: 1.2em;">6,000.00</div>                                                           |
| <b>TOTALS This Period (last page in this line only)</b>                                                                                                                                                                                                                                 |                                                                                                     |                                                                                                                      |                                                                                                         |
| Carry outstanding balance only to LINE 1, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.                                                                                                                                                    |                                                                                                     |                                                                                                                      |                                                                                                         |

**LOANS**

|                                                                                                                                                                                                                                                                                                  |  |                                                       |                                                       |                                                                           |                                                       |                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------|-------------------------------------------------------|---------------------------------------------------------------------------|-------------------------------------------------------|---------------------------------------------------------------------------|
| Name of Committee (in Full)<br><b>CHRIS JOHN FOR CONGRESS COMMITTEE, INC.</b>                                                                                                                                                                                                                    |  | <b>C00316596</b>                                      |                                                       |                                                                           |                                                       |                                                                           |
| <b>A. Full Name, Mailing Address and ZIP Code of Loan Source</b><br><b>CHRISTOPHER JOHN</b><br><b>P.O. BOX 971</b><br><b>CROWLEY, LA 70527-0971</b>                                                                                                                                              |  | <b>Original Amount of Loan</b><br><br><b>4,000.00</b> | <b>Cumulative Payment To Date</b><br><br><b>- 0 -</b> | <b>Balance Outstanding at Close of This Period</b><br><br><b>4,000.00</b> |                                                       |                                                                           |
| Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General    Other (specify): _____<br>Terms:    Date Incurred <u>6-28-96</u> Date Due <u>NONE</u> Interest Rate <u>NONE</u> % (apr)                                                                                |  | Secured                                               |                                                       |                                                                           |                                                       |                                                                           |
| List All Endorsers or Guarantors (if any) to Item A                                                                                                                                                                                                                                              |  | <div style="font-size: 2em; opacity: 0.5;">X</div>    |                                                       |                                                                           |                                                       |                                                                           |
| <b>1. Full Name, Mailing Address and ZIP Code</b><br><div style="border: 1px solid black; padding: 2px;">Name of Employer</div> <div style="border: 1px solid black; padding: 2px;">Occupation</div> <div style="border: 1px solid black; padding: 2px;">Amount Guaranteed Outstanding: \$</div> |  |                                                       |                                                       |                                                                           |                                                       |                                                                           |
| <b>2. Full Name, Mailing Address and ZIP Code</b><br><div style="border: 1px solid black; padding: 2px;">Name of Employer</div> <div style="border: 1px solid black; padding: 2px;">Occupation</div> <div style="border: 1px solid black; padding: 2px;">Amount Guaranteed Outstanding: \$</div> |  |                                                       |                                                       |                                                                           |                                                       |                                                                           |
| <b>3. Full Name, Mailing Address and ZIP Code</b><br><div style="border: 1px solid black; padding: 2px;">Name of Employer</div> <div style="border: 1px solid black; padding: 2px;">Occupation</div> <div style="border: 1px solid black; padding: 2px;">Amount Guaranteed Outstanding: \$</div> |  |                                                       |                                                       |                                                                           |                                                       |                                                                           |
| <b>B. Full Name, Mailing Address and ZIP Code of Loan Source</b><br><b>CHRISTOPHER JOHN</b><br><b>P.O. BOX 971</b><br><b>CROWLEY, LA 70527-0971</b>                                                                                                                                              |  |                                                       |                                                       | <b>Original Amount of Loan</b><br><br><b>5,000.00</b>                     | <b>Cumulative Payment To Date</b><br><br><b>- 0 -</b> | <b>Balance Outstanding at Close of This Period</b><br><br><b>5,000.00</b> |
| Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General    Other (specify): _____<br>Terms:    Date Incurred <u>9-3-96</u> Date Due <u>NONE</u> Interest Rate <u>NONE</u> % (apr)                                                                                 |  |                                                       |                                                       | Secured                                                                   |                                                       |                                                                           |
| List All Endorsers or Guarantors (if any) to Item B                                                                                                                                                                                                                                              |  |                                                       |                                                       | <div style="font-size: 2em; opacity: 0.5;">X</div>                        |                                                       |                                                                           |
| <b>1. Full Name, Mailing Address and ZIP Code</b><br><div style="border: 1px solid black; padding: 2px;">Name of Employer</div> <div style="border: 1px solid black; padding: 2px;">Occupation</div> <div style="border: 1px solid black; padding: 2px;">Amount Guaranteed Outstanding: \$</div> |  |                                                       |                                                       |                                                                           |                                                       |                                                                           |
| <b>2. Full Name, Mailing Address and ZIP Code</b><br><div style="border: 1px solid black; padding: 2px;">Name of Employer</div> <div style="border: 1px solid black; padding: 2px;">Occupation</div> <div style="border: 1px solid black; padding: 2px;">Amount Guaranteed Outstanding: \$</div> |  |                                                       |                                                       |                                                                           |                                                       |                                                                           |
| <b>3. Full Name, Mailing Address and ZIP Code</b><br><div style="border: 1px solid black; padding: 2px;">Name of Employer</div> <div style="border: 1px solid black; padding: 2px;">Occupation</div> <div style="border: 1px solid black; padding: 2px;">Amount Guaranteed Outstanding: \$</div> |  |                                                       |                                                       |                                                                           |                                                       |                                                                           |
| <b>SUBTOTALS This Period This Page (optional)</b>                                                                                                                                                                                                                                                |  | 9,000.00                                              |                                                       |                                                                           |                                                       |                                                                           |
| <b>TOTALS This Period (last page in this line only)</b>                                                                                                                                                                                                                                          |  |                                                       |                                                       |                                                                           |                                                       |                                                                           |
| Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.                                                                                                                                                             |  |                                                       |                                                       |                                                                           |                                                       |                                                                           |

**SCHEDULE C**  
(Revised 3/80)

**LOANS**

Page 1 of 4 or  
LINE NUMBER 10  
(Use separate schedules  
for each numbered line)

|                                                                                                                                      |  |                                                |                                               |
|--------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------|-----------------------------------------------|
| Name of Committee (in Full)<br><b>CHRIS JOHN FOR CONGRESS COMMITTEE, INC.</b>                                                        |  | <b>C00316596</b>                               |                                               |
| A. Full Name, Mailing Address and ZIP Code of Loan Source<br><b>CHRISTOPHER JOHN<br/>P.O. BOX 971<br/>CROWLEY, LA 70527-0971</b>     |  | Original Amount<br>of Loan<br><b>10,000.00</b> | Cumulative Payment<br>To Date<br><b>- 0 -</b> |
| Balance Outstanding<br>at Close of This Period<br><b>10,000.00</b>                                                                   |  |                                                |                                               |
| Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General    Other (specify):                           |  |                                                |                                               |
| Terms: Date Incurred <u>9-4-96</u> Date Due <u>NONE</u> Interest Rate <u>NONE</u> % (APR)                                            |  |                                                |                                               |
| List All Endorsers or Guarantors (if any) to Item A                                                                                  |  |                                                |                                               |
| 1. Full Name, Mailing Address and ZIP Code                                                                                           |  | [Shaded Area]                                  |                                               |
| Name of Employer                                                                                                                     |  |                                                |                                               |
| Occupation                                                                                                                           |  |                                                |                                               |
| Amount Guaranteed Outstanding:<br>\$                                                                                                 |  |                                                |                                               |
| 2. Full Name, Mailing Address and ZIP Code                                                                                           |  | [Shaded Area]                                  |                                               |
| Name of Employer                                                                                                                     |  |                                                |                                               |
| Occupation                                                                                                                           |  |                                                |                                               |
| Amount Guaranteed Outstanding:<br>\$                                                                                                 |  |                                                |                                               |
| 3. Full Name, Mailing Address and ZIP Code                                                                                           |  | [Shaded Area]                                  |                                               |
| Name of Employer                                                                                                                     |  |                                                |                                               |
| Occupation                                                                                                                           |  |                                                |                                               |
| Amount Guaranteed Outstanding:<br>\$                                                                                                 |  |                                                |                                               |
| B. Full Name, Mailing Address and ZIP Code of Loan Source<br><b>CHRISTOPHER JOHN<br/>P.O. BOX 971<br/>CROWLEY, LA 70527-0971</b>     |  | Original Amount<br>of Loan<br><b>15,000.00</b> | Cumulative Payment<br>To Date<br><b>- 0 -</b> |
| Balance Outstanding<br>at Close of This Period<br><b>15,000.00</b>                                                                   |  |                                                |                                               |
| Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General    Other (specify):                           |  |                                                |                                               |
| Terms: Date Incurred <u>9-5-96</u> Date Due <u>NONE</u> Interest Rate <u>NONE</u> % (APR)                                            |  |                                                |                                               |
| List All Endorsers or Guarantors (if any) to Item B                                                                                  |  |                                                |                                               |
| 1. Full Name, Mailing Address and ZIP Code                                                                                           |  | [Shaded Area]                                  |                                               |
| Name of Employer                                                                                                                     |  |                                                |                                               |
| Occupation                                                                                                                           |  |                                                |                                               |
| Amount Guaranteed Outstanding:<br>\$                                                                                                 |  |                                                |                                               |
| 2. Full Name, Mailing Address and ZIP Code                                                                                           |  | [Shaded Area]                                  |                                               |
| Name of Employer                                                                                                                     |  |                                                |                                               |
| Occupation                                                                                                                           |  |                                                |                                               |
| Amount Guaranteed Outstanding:<br>\$                                                                                                 |  |                                                |                                               |
| 3. Full Name, Mailing Address and ZIP Code                                                                                           |  | [Shaded Area]                                  |                                               |
| Name of Employer                                                                                                                     |  |                                                |                                               |
| Occupation                                                                                                                           |  |                                                |                                               |
| Amount Guaranteed Outstanding:<br>\$                                                                                                 |  |                                                |                                               |
| SUBTOTALS This Period This Page (optional)                                                                                           |  | <b>25,000.00</b>                               |                                               |
| TOTALS This Period (last page in this line only)                                                                                     |  |                                                |                                               |
| Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary. |  |                                                |                                               |

**SCHEDULE C**  
(Revised 3/80)

**LOANS**

Page 4 of 4 or  
LINE NUMBER 10  
(Use separate schedules  
for each numbered line)

|                                                                                                                                      |  |                                                                       |                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------|---------------------------------------------------|
| Name of Committee (in Full)<br><b>CHRIS JOHN FOR CONGRESS COMMITTEE, INC.</b>                                                        |  | <b>C00316596</b>                                                      |                                                   |
| A. Full Name, Mailing Address and ZIP Code of Loan Source<br><br><b>CHRISTOPHER JOHN<br/>P.O. BOX 971<br/>CROWLEY, LA 70527-0971</b> |  | Original Amount<br>of Loan<br><br><b>5,000.00</b>                     | Cumulative Payment<br>To Date<br><br><b>- 0 -</b> |
| Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General    Other (specify):                           |  | Balance Outstanding<br>at Close of This Period<br><br><b>5,000.00</b> |                                                   |
| Terms:    Date Incurred <u>9-20-96</u> Date Due <u>NONE</u> Interest Rate <u>NONE</u> % (apr)    Secured                             |  |                                                                       |                                                   |
| List All Endorsers or Guarantors (if any) to Item A                                                                                  |  |                                                                       |                                                   |
| 1. Full Name, Mailing Address and ZIP Code                                                                                           |  | Name of Employer                                                      |                                                   |
|                                                                                                                                      |  | Occupation                                                            |                                                   |
|                                                                                                                                      |  | Amount Guaranteed Outstanding:<br>\$                                  |                                                   |
| 2. Full Name, Mailing Address and ZIP Code                                                                                           |  | Name of Employer                                                      |                                                   |
|                                                                                                                                      |  | Occupation                                                            |                                                   |
|                                                                                                                                      |  | Amount Guaranteed Outstanding:<br>\$                                  |                                                   |
| 3. Full Name, Mailing Address and ZIP Code                                                                                           |  | Name of Employer                                                      |                                                   |
|                                                                                                                                      |  | Occupation                                                            |                                                   |
|                                                                                                                                      |  | Amount Guaranteed Outstanding:<br>\$                                  |                                                   |
| B. Full Name, Mailing Address and ZIP Code of Loan Source                                                                            |  | Original Amount<br>of Loan                                            | Cumulative Payment<br>To Date                     |
| Election:    Primary    General    Other (specify):                                                                                  |  | Balance Outstanding<br>at Close of This Period                        |                                                   |
| Terms:    Date Incurred    Date Due    Interest Rate    % (apr)    Secured                                                           |  |                                                                       |                                                   |
| List All Endorsers or Guarantors (if any) to Item B                                                                                  |  |                                                                       |                                                   |
| 1. Full Name, Mailing Address and ZIP Code                                                                                           |  | Name of Employer                                                      |                                                   |
|                                                                                                                                      |  | Occupation                                                            |                                                   |
|                                                                                                                                      |  | Amount Guaranteed Outstanding:<br>\$                                  |                                                   |
| 2. Full Name, Mailing Address and ZIP Code                                                                                           |  | Name of Employer                                                      |                                                   |
|                                                                                                                                      |  | Occupation                                                            |                                                   |
|                                                                                                                                      |  | Amount Guaranteed Outstanding:<br>\$                                  |                                                   |
| 3. Full Name, Mailing Address and ZIP Code                                                                                           |  | Name of Employer                                                      |                                                   |
|                                                                                                                                      |  | Occupation                                                            |                                                   |
|                                                                                                                                      |  | Amount Guaranteed Outstanding:<br>\$                                  |                                                   |
| SUBTOTALS This Period This Page (optional)                                                                                           |  | <b>5,000.00</b>                                                       |                                                   |
| TOTALS This Period (last page in this line only)                                                                                     |  | <b>45,000.00</b>                                                      |                                                   |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE D**  
(Revised 3/80)

**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

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

| Name of Committee (in Full)                                                                                                               | Outstanding<br>Balance Beginning<br>This Period | Amount<br>Incurred<br>This Period | Payment<br>This<br>Period | Outstanding<br>Balance at Close<br>of This Period |
|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------|---------------------------|---------------------------------------------------|
| CHRIS JOHN FOR CONGRESS COMMITTEE, INC.                                                                                                   |                                                 |                                   |                           |                                                   |
| A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor<br>THE SINSHEIMER GROUP<br>616-1/2 WEST LANE STREET<br>RALEIGH, NC 27603 | 1,979.56                                        | -0-                               | 1,979.56                  | -0-                                               |
| Nature of Debt (Purpose):<br>RESEARCH & CONSULTING                                                                                        |                                                 |                                   |                           |                                                   |
| B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor<br>LOUP SIGN CO.<br>217 EAST THOMAS STREET<br>SULPHUR, LA 70663          | 18,700.00                                       | -0-                               | 8,700.00                  | -0-                                               |
| Nature of Debt (Purpose):<br>SIGNS                                                                                                        |                                                 |                                   |                           |                                                   |
| C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor<br>CITIBANK AADVANTAGE<br>P O BOX 1747<br>HAGERSTOWN, MD 21748-1747      | 1,499.64                                        | 2,126.56                          | 3,626.20                  | -0-                                               |
| Nature of Debt (Purpose):<br>FUEL/DINING/TRAVEL                                                                                           |                                                 |                                   |                           |                                                   |
| D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor                                                                          |                                                 |                                   |                           |                                                   |
| Nature of Debt (Purpose):                                                                                                                 |                                                 |                                   |                           |                                                   |
| E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor                                                                          |                                                 |                                   |                           |                                                   |
| Nature of Debt (Purpose):                                                                                                                 |                                                 |                                   |                           |                                                   |
| F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor                                                                          |                                                 |                                   |                           |                                                   |
| Nature of Debt (Purpose):                                                                                                                 |                                                 |                                   |                           |                                                   |
| 1) SUBTOTALS This Period This Page (optional)                                                                                             |                                                 |                                   |                           | -0-                                               |
| 2) TOTALS This Period (last page in this line only)                                                                                       |                                                 |                                   |                           | -0-                                               |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)                                                                               |                                                 |                                   |                           | 45,000.00                                         |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)                                                   |                                                 |                                   |                           | 45,000.00                                         |

**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

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☐ No Postmark

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DATE OF RECEIPT

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POSTMARKED

and/or DATE OF RECEIPT

MRS

PREPARED

12-10-96

DATE PREPARED