

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**ARKEMA INC POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. RALPH LEE DR. JR. ABRAHAM**

Mailing Address P.O. BOX 271

City ARCHIBALD State LA Zip Code 71218

Purpose of Disbursement contribution

011

Candidate Name

**RALPH LEE DR. JR. ABRAHAM**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: LA District: 05

Date of Disbursement

MM / DD / YYYY  
03 / 17 / 2015

Transaction ID : SB23.5175

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. RALPH LEE DR. JR. ABRAHAM**

Mailing Address P.O. BOX 271

City ARCHIBALD State LA Zip Code 71218

Purpose of Disbursement contribution

011

Candidate Name

**RALPH LEE DR. JR. ABRAHAM**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: LA District: 05

Date of Disbursement

MM / DD / YYYY  
06 / 23 / 2015

Transaction ID : SB23.5189

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. BRIAN BABIN**

Mailing Address PO BOX 159

City WOODVILLE State TX Zip Code 75979

Purpose of Disbursement contribution

011

Candidate Name

**BRIAN BABIN**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: TX District: 36

Date of Disbursement

MM / DD / YYYY  
03 / 17 / 2015

Transaction ID : SB23.5177

Amount of Each Disbursement this Period

1000.00

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

3000.00

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