

# FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Gulf Coast Bank &amp; Trust WAVE PAC

ADDRESS (number and street)

201 N CARROLLTON AVE



Check if different  
than previously  
reported. (ACC)

NEW ORLEANS

LA

70119

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00496588

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)

☐ July 15  
Quarterly Report (Q2)

☐ October 15  
Quarterly Report (Q3)

☐ January 31  
Year-End Report (YE)

☒ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)

☐ Termination Report  
(TER)
(b) Monthly  
Report  
Due On:
☐ Feb 20 (M2)

☐ May 20 (M5)

☐ Aug 20 (M8)

☐ Nov 20 (M11)  
(Non-Election  
Year Only)

☐ Mar 20 (M3)

☐ Jun 20 (M6)

☐ Sep 20 (M9)

☐ Dec 20 (M12)  
(Non-Election  
Year Only)

☐ Apr 20 (M4)

☐ Jul 20 (M7)

☐ Oct 20 (M10)

☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)

☐ Convention (12C)

☐ General (12G)

☐ Special (12S)

☐ Runoff (12R)

Election on

 /  / 
in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)

☐ Runoff (30R)

☐ Special (30S)

Election on

 /  / 
in the  
State of

5. Covering Period

 /  / 

through

 /  / 

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

LITTLEFIELD, GARY, , ,

Type or Print Name of Treasurer

Signature of Treasurer

LITTLEFIELD, GARY, , ,

[Electronically Filed]

Date

 /  / 

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only
**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Gulf Coast Bank &amp; Trust WAVE PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
04 / 10 / 2021 To: M M / D D / Y Y Y Y Y Y  
06 / 30 / 2021

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2021</span>		6834.28
(b) Cash on Hand at Beginning of Reporting Period.....	8396.11	
(c) Total Receipts (from Line 19) .....	4501.69	9778.07
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	12897.80	16612.35
7. Total Disbursements (from Line 31) .....	11514.55	15229.10
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1383.25	1383.25
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	



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

## For further information contact:

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

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

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Gulf Coast Bank &amp; Trust WAVE PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	0		2	0	2	1

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	2	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2580.00	4225.00
(ii) Unitemized .....	1914.00	5536.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	4494.00	9761.50
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	4494.00	9761.50
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	7.69	16.57
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	4501.69	9778.07
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	4501.69	9778.07

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	14.55	29.10
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	14.55	29.10
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11500.00	14200.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	1000.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	11514.55	15229.10
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11514.55	15229.10

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	4494.00	9761.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4494.00	9761.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	14.55	29.10
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	14.55	29.10

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

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

FOR LINE NUMBER: PAGE 6 OF 12

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Gulf Coast Bank & Trust WAVE PAC**

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

A. CZERNIAK, THOMAS, , ,

Mailing Address 600 WEBSTER STREET

City  
NEW ORLEANS

State  
LA

Zip Code  
70118

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GULF COAST BANK & TRUST

Occupation (for Individual)  
SR VP OF OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 25 / 2021

Transaction ID : SA11AI.13623

Amount of Each Receipt this Period

300.00

☐ Memo Item

\$50.00/BI-WEEKLY PAYROLL

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

B. DASTE, JOEL, , , Sr.

Mailing Address 5 HERON LANE

City  
MANDEVILLE

State  
LA

Zip Code  
70471

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GULF COAST BANK & TRUST

Occupation (for Individual)  
DIVISION PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 25 / 2021

Transaction ID : SA11AI.13610

Amount of Each Receipt this Period

120.00

☐ Memo Item

\$20.00/BI-WEEKLY PAYROLL

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

C. DICKEY, STEPHEN, , ,

Mailing Address 203 FOREST OAKS DR.

City  
NEW ORLEANS

State  
LA

Zip Code  
70131

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GULF COAST BANK & TRUST

Occupation (for Individual)  
CONSUMER BANKING EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 25 / 2021

Transaction ID : SA11AI.13621

Amount of Each Receipt this Period

210.00

☐ Memo Item

\$35.00/BI-WEEKLY PAYROLL

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

630.00

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

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 OF 12

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Gulf Coast Bank &amp; Trust WAVE PAC

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

A. FALKENSTEIN, BRUCE, , ,

Mailing Address 20 BEECHWOOD GARDENS DRIVE

City  
COVINGTONState  
LAZip Code  
70435FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

GULF COAST BANK &amp; TRUST

Occupation (for Individual)

EXEC VP COMMERCIAL LENDING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 25 / 2021

Transaction ID : SA11AI.13613

Amount of Each Receipt this Period

120.00

☐ Memo Item

\$20.00/BI-WEEKLY PAYROLL

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

B. FERNANDEZ, SARA, , ,

Mailing Address 237 LILLYBANK DRIVE

City  
BELLE CHASSEState  
LAZip Code  
70037FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

GULF COAST BANK &amp; TRUST

Occupation (for Individual)

MTG LOAN ORIGINATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 25 / 2021

Transaction ID : SA11AI.13614

Amount of Each Receipt this Period

120.00

☐ Memo Item

\$20.00/BI-WEEKLY PAYROLL

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

C. FINN, JOHN, , ,

Mailing Address 105 LEIGHTON STREET

City  
GRETNNAState  
LAZip Code  
70053FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

GULF COAST BANK &amp; TRUST

Occupation (for Individual)

SENIOR CREDIT OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 25 / 2021

Transaction ID : SA11AI.13618

Amount of Each Receipt this Period

150.00

☐ Memo Item

\$25.00/BI-WEEKLY PAYROLL

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

390.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 8 OF 12

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Gulf Coast Bank & Trust WAVE PAC**

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

**A. HLADKY, WADE MICHAEL, , ,**

Mailing Address 1519 ARISTOCRAT DRIVE

City  
COVINGTON

State  
LA

Zip Code  
70433

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GULF COAST BANK & TRUST

Occupation (for Individual)  
BC PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 25 / 2021

Transaction ID : SA11Al.13615

Amount of Each Receipt this Period

120.00

☐ Memo Item

\$20.00/BI-WEEKLY PAYROLL

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

**B. HOLLIER, GREGORY, J, ,**

Mailing Address 2112 METAIRIE COURT

City  
METAIRIE

State  
LA

Zip Code  
70001

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GULF COAST BANK & TRUST

Occupation (for Individual)  
CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 25 / 2021

Transaction ID : SA11Al.13616

Amount of Each Receipt this Period

120.00

☐ Memo Item

\$20.00/BI-WEEKLY PAYROLL

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

**C. JONES, MILLICENT, , ,**

Mailing Address 57 GRAND CAYON DRIVE

City  
NEW ORLEANS

State  
LA

Zip Code  
70131

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GULF COAST BANK & TRUST

Occupation (for Individual)  
DR OF LEGAL REVIEW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 25 / 2021

Transaction ID : SA11Al.13619

Amount of Each Receipt this Period

150.00

☐ Memo Item

\$25.00/BI-WEEKLY PAYROLL

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

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

390.00



# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 OF 12

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Gulf Coast Bank &amp; Trust WAVE PAC

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

A. LITTLEFIELD, GARY, , ,

Mailing Address 1165 MELANIE STREET

City

Baton Rouge

State

LA

Zip Code

70806

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

GULF COAST BANK &amp; TRUST

Occupation (for Individual)

REGIONAL COORDINATOR

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 25 / 2021

Transaction ID : SA11Al.13624

Amount of Each Receipt this Period

300.00

☐ Memo Item

\$50.00/BI-WEEKLY PAYROLL

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

B. MANDULA, MARK, , ,

Mailing Address 1355 BRIGHTWATERS BLVD., NE

City

ST. PETERSBURG

State

FL

Zip Code

33704

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

GULF COAST BANK &amp; TRUST

Occupation (for Individual)

CHIEF MARKETING DIRECTOR

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 25 / 2021

Transaction ID : SA11Al.13625

Amount of Each Receipt this Period

300.00

☐ Memo Item

\$50.00/BI-WEEKLY PAYROLL

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

C. SIMONS, SLADE, , ,

Mailing Address 7615 JEANETTE STREET

City

NEW ORLEANS

State

LA

Zip Code

70118

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

GULF COAST BANK &amp; TRUST

Occupation (for Individual)

EXEC VP WEALTH MANAGER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 25 / 2021

Transaction ID : SA11Al.13617

Amount of Each Receipt this Period

120.00

☐ Memo Item

\$20.00/BI-WEEKLY PAYROLL

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

720.00

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

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

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

FOR LINE NUMBER: PAGE 10 OF 12  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Gulf Coast Bank & Trust WAVE PAC**

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

**A. VAN HOVEN, ERIC, , ,**

Mailing Address 6168 CORBERT ST.

City  
NEW ORLEANS

State  
LA

Zip Code  
70124

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GULF COAST BANK & TRUST

Occupation (for Individual)  
COMMERCIAL LENDER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 25 / 2021

Transaction ID : SA11AI.13620

Amount of Each Receipt this Period

150.00

☐ Memo Item

\$25.00/BI-WEEKLY PAYROLL

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

**B. WILLIAMS, GUY, , ,**

Mailing Address 34 SWALLOW ST

City  
NEW ORLEANS

State  
LA

Zip Code  
70124

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GULF COAST BANK & TRUST

Occupation (for Individual)  
PRESIDENT/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 25 / 2021

Transaction ID : SA11AI.13641

Amount of Each Receipt this Period

300.00

☐ Memo Item

\$50.00/BI-WEEKLY PAYROLL

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

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

450.00

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

2580.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 12

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

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NAME OF COMMITTEE (In Full)

**Gulf Coast Bank & Trust WAVE PAC**

Full Name (Last, First, Middle Initial)

**A. CARTER, TROY A. SR., , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2021

Mailing Address PO BOX 50730

City  
NEW ORLEANSState  
LAZip Code  
70150Purpose of Disbursement  
Contribution

Candidate Name

**CARTER, TROY A. SR., , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2022

☒ Primary ☐ General  
☐ Other (specify) ▼

State: LA

District: 02

Category/  
Type

FEC Identification Number

**C** H2LA02149**Transaction ID : SB23.13636**

Amount of Each Disbursement this Period

2800.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. GARRET GRAVES VICTORY FUND**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2021

Mailing Address PO BOX 64845

City  
BATON ROUGEState  
LAZip Code  
70896

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2022

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

FEC Identification Number

**C** C00635565**Transaction ID : SB23.13639**

Amount of Each Disbursement this Period

2900.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. JOHN KENNEDY FOR US**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2021

Mailing Address 2900 CLEARVIEW PKWY  
SUITE 206City  
METAIRIEState  
LAZip Code  
70006Purpose of Disbursement  
Contribution

Candidate Name

**KENNEDY, JOHN NEELY, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2022

☒ Primary ☐ General  
☐ Other (specify) ▼

State: LA

District: 00

Category/  
Type

FEC Identification Number

**C** C00608398**Transaction ID : SB23.13638**

Amount of Each Disbursement this Period

2900.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

8600.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 12

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

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NAME OF COMMITTEE (In Full)

Gulf Coast Bank &amp; Trust WAVE PAC

Full Name (Last, First, Middle Initial)

**A. SCALISE LEADERSHIP FUND**

Mailing Address 317 15TH ST NE

City  
WASHINGTONState  
DCZip Code  
20002Purpose of Disbursement  
Contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2022

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2021

FEC Identification Number

C

Transaction ID : SB23.13640

Amount of Each Disbursement this Period

2900.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2900.00

11500.00