

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

|                                                                                                                                                                                                     |                                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>1. NAME OF COMMITTEE (in full)</b><br>McKeithen For Congress                                                                                                                                     | <b>2. FEC IDENTIFICATION NUMBER</b> PG 133<br>DEC 6 1 39 PM '98<br>C00331249                                 |
| <b>ADDRESS (Number and street)</b> <input type="checkbox"/> Check if different than previously reported<br>10771 Perkins Road 1st Floor<br><b>CITY, STATE and ZIP CODE</b><br>Baton Rouge, La 70810 | <b>3. IS THIS REPORT AN AMENDMENT</b><br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |

## 4. TYPE OF REPORT

|                                                                           |                                                                                            |
|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <input type="checkbox"/> April 15 Quarterly Report                        | <input type="checkbox"/> Twelfth day report preceding _____<br>(Type of Election)          |
| <input type="checkbox"/> July 15 Quarterly Report                         | election on _____ in the State of _____                                                    |
| <input type="checkbox"/> October 15 Quarterly Report                      | <input checked="" type="checkbox"/> Thirtieth day report following the General Election on |
| <input type="checkbox"/> January 31 Year End Report                       | NOV. 3, 1998 in the State of LA                                                            |
| <input type="checkbox"/> July 31 Mid Year Report (Non-election Year Only) | <input type="checkbox"/> Termination Report                                                |

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

## SUMMARY

| 9. Covering Period                                                                            | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date                                                                                                                   |
|-----------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| 10/15/98 through 11/23/98                                                                     |                         |                                                                                                                                                     |
| <b>6. Net Contributions (other than loans)</b>                                                |                         |                                                                                                                                                     |
| (a) Total Contributions (other than loans) (from Line 11(a))                                  | \$ 135,763.64           | \$ 548,600.21                                                                                                                                       |
| (b) Total Contributions Refunds (from Line 20(d))                                             | \$ 21,662.00            | \$ 22,262.00                                                                                                                                        |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))                       | \$ 114,101.64           | \$ 526,338.21                                                                                                                                       |
| <b>7. Net Operating Expenditures</b>                                                          |                         |                                                                                                                                                     |
| (a) Total Operating Expenditures (from Line 17)                                               | \$ 207,032.05           | \$ 634,292.30                                                                                                                                       |
| (b) Total Offsets to Operating Expenditures (from Line 14)                                    | \$ 0.00                 | \$ 594.00                                                                                                                                           |
| (c) Net Operating Expenditures (subtract Line 7(b) from 7(a))                                 | \$ 207,032.05           | \$ 633,698.30                                                                                                                                       |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)                                   | \$ 4,211.23             | For information contact:<br>Federal Election Commission<br>999 E Street, NW<br>Washington, DC 20463<br>Toll Free 800-424-9630<br>Local 202-696-2120 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)  | \$ 0.00                 |                                                                                                                                                     |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | \$ 0.00                 |                                                                                                                                                     |

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

Type or Print Name of Treasurer

HAL P. KILSHAW

Signature of Treasurer

*Hal P. Kilshaw*

Date

12/3/98

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

# DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3

|                                                                                        |  |                                                                     |                                  |
|----------------------------------------------------------------------------------------|--|---------------------------------------------------------------------|----------------------------------|
| NAME OF COMMITTEE<br><b>McKeithen For Congress</b>                                     |  | REPORT COVERING PERIOD<br>FROM: <b>10/15/98</b> TO: <b>11/23/98</b> |                                  |
| <b>I. RECEIPTS</b>                                                                     |  | <b>COLUMN A</b><br>Total This Period                                | <b>COLUMN B</b><br>Calendar Year |
| 11. CONTRIBUTIONS (other than loans) FROM:                                             |  |                                                                     |                                  |
| (a) Individual/Persons Other Than Political Committees                                 |  |                                                                     |                                  |
| (i) Itemized (use Schedule A) . . . . .                                                |  | 66,297.64                                                           |                                  |
| (ii) Unitemized . . . . .                                                              |  | 11,166.00                                                           |                                  |
| (iii) Total of contributions from individuals . . . . .                                |  | 77,463.64                                                           | 380,364.90                       |
| (b) Political Party Committees . . . . .                                               |  | 2,800.00                                                            | 8,985.31                         |
| (c) Other Political Committees (such as PACs) . . . . .                                |  | 55,500.00                                                           | 159,250.00                       |
| (d) The Candidate . . . . .                                                            |  |                                                                     |                                  |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))          |  | 135,763.64                                                          | 548,600.21                       |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES. . . . .                                |  |                                                                     |                                  |
| 13. LOANS:                                                                             |  |                                                                     |                                  |
| (a) Made or Guaranteed by the Candidate . . . . .                                      |  |                                                                     |                                  |
| (b) All Other Loans . . . . .                                                          |  |                                                                     |                                  |
| (c) TOTAL LOANS (add 13(a) and (b)) . . . . .                                          |  |                                                                     |                                  |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) . . . . .               |  |                                                                     | 594.00                           |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.) . . . . .                               |  | 162.31                                                              | 4,274.47                         |
| 16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) . . . . .                         |  | 135,925.95                                                          | 553,468.68                       |
| <b>II. DISBURSEMENTS</b>                                                               |  |                                                                     |                                  |
| 17. OPERATING EXPENDITURES . . . . .                                                   |  | 207,032.05                                                          | 634,292.30                       |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES. . . . .                                  |  |                                                                     |                                  |
| 19. LOAN REPAYMENTS:                                                                   |  |                                                                     |                                  |
| (a) OF Loans Made or Guaranteed by the Candidate . . . . .                             |  |                                                                     |                                  |
| (b) OF All Other Loans . . . . .                                                       |  |                                                                     |                                  |
| (c) TOTAL LOAN REPAYMENTS (add 19(a) and (b)) . . . . .                                |  |                                                                     |                                  |
| 20. REFUNDS OF CONTRIBUTIONS TO:                                                       |  |                                                                     |                                  |
| (a) Individuals/Person Other Than Political Committees . . . . .                       |  | 16,662.00                                                           | 17,262.00                        |
| (b) Political Party Committees . . . . .                                               |  |                                                                     |                                  |
| (c) Other Political Committees (such as PACs) . . . . .                                |  | 5,000.00                                                            | 5,000.00                         |
| (d) TOTAL CONTRIBUTIONS REFUNDS (add 20(a), (b) and (c)) . . . . .                     |  | 21,662.00                                                           | 22,262.00                        |
| 21. OTHER DISBURSEMENTS . . . . .                                                      |  |                                                                     | 450.00                           |
| 22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21) . . . . .                    |  | 228,694.05                                                          | 657,004.30                       |
| <b>III. CASH SUMMARY</b>                                                               |  |                                                                     |                                  |
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD . . . . .                            |  | \$                                                                  | 96,979.33                        |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16) . . . . .                                |  | \$                                                                  | 135,925.95                       |
| 25. SUBTOTAL (add Line 23 and Line 24) . . . . .                                       |  | \$                                                                  | 232,905.28                       |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) . . . . .                           |  | \$                                                                  | 228,694.05                       |
| 27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) . . . . . |  | \$                                                                  | 4,211.23                         |

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 21  
FOR LINE NUMBER 11a

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

**NAME OF COMMITTEE (In Full)**

McKeithen For Congress

|                                                                                                                                                                                                                                                                              |                                                                          |                                                                                       |                                                         |                                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------|-----------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br><br>GEORGE A. FLOURNOY<br>P.O. BOX 1270<br>ALEXADRIA LA 71309<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):             | <b>Name of Employer</b><br><br>SELF<br><br><b>Occupation</b><br>ATTORNEY | <b>Date (month, day, year)</b><br><br>10/16/98                                        | <b>Amount of Each Receipt this Period</b><br><br>250.00 |                                                           |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br><br>PHILLIP G. HUNTER<br>521 WYCLIFFE WAY<br>ALEXADRIA LA 71303<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):           |                                                                          | <b>Name of Employer</b><br><br>SELF<br><br><b>Occupation</b><br>ATTORNEY              | <b>Date (month, day, year)</b><br><br>10/16/98          | <b>Amount of Each Receipt this Period</b><br><br>250.00   |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br><br>HOWARD N. NUGENT, JR.<br>P.O. BOX 1309<br>ALEXANDRIA LA 71309<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):         |                                                                          | <b>Name of Employer</b><br><br>SELF<br><br><b>Occupation</b><br>ATTORNEY              | <b>Date (month, day, year)</b><br><br>10/16/98          | <b>Amount of Each Receipt this Period</b><br><br>250.00   |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br><br>F. SCOTT BALDWIN<br>P.O. DRAWER 1349<br>MARSHALL TX 15671<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):             |                                                                          | <b>Name of Employer</b><br><br>SELF<br><br><b>Occupation</b><br>ATTORNEY              | <b>Date (month, day, year)</b><br><br>10/19/98          | <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>JOHN B. BALDWIN<br>P.O. DRAWER<br>MARSHALL TX 75671<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                   |                                                                          | <b>Name of Employer</b><br><br>SELF<br><br><b>Occupation</b><br>ATTORNEY              | <b>Date (month, day, year)</b><br><br>10/19/98          | <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>CORALEE BALDWIN<br>P.O. BOX 579 FM 9<br>MARSHALL TX 75671<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):             |                                                                          | <b>Name of Employer</b><br><br>SELF<br><br><b>Occupation</b><br>ATTORNEY              | <b>Date (month, day, year)</b><br><br>10/19/98          | <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>GERTLER & GERTLER<br>127 - 129 CARONDELET ST.<br>NEW ORLEANS LA 70130<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): |                                                                          | <b>Name of Employer</b><br><br>GERTLER & GERTLER<br><br><b>Occupation</b><br>ATTORNEY | <b>Date (month, day, year)</b><br><br>10/19/98          | <b>Amount of Each Receipt this Period</b><br><br>500.00   |

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

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER  
11a

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NAME OF COMMITTEE (In Full)

McKeithen For Congress

| A. Full Name, Mailing Address and ZIP Code                                                                                                                                                                                                                                        | Name of Employer                                                                                  | Date (month, day, year) | Amount of Each Receipt this Period |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-------------------------|------------------------------------|
| <p>* M. H. GERTLER<br/>127 -129 CARondeLET<br/>NEW ORLEANS, LA 70130</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                                                                      | <p>GERTLER &amp; GERTLER</p> <p>Occupation<br/>ATTORNEY</p> <p>Aggregate Year-to-Date &gt; \$</p> | <p>10/19/98</p>         | <p>500.00<br/>- MEMO -</p>         |
| <p>B. Full Name, Mailing Address and ZIP Code</p> <p>RODNEY RYAN, JR.<br/>2431 S. ACADIAN THRUWAY<br/>BATON ROUGE LA 70808</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>     | <p>SELF</p> <p>Occupation<br/>ATTORNEY</p> <p>Aggregate Year-to-Date &gt; \$</p>                  | <p>10/19/98</p>         | <p>500.00</p>                      |
| <p>C. Full Name, Mailing Address and ZIP Code</p> <p>FRANK EDWARDS<br/>P.O. BOX 1294<br/>AMITE LA 70422</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                        | <p>Occupation<br/>RETIRED</p> <p>Aggregate Year-to-Date &gt; \$</p>                               | <p>10/19/98</p>         | <p>500.00</p>                      |
| <p>D. Full Name, Mailing Address and ZIP Code</p> <p>JOHN CHANDLER LOUPE<br/>2223 QUAIL RUN<br/>BATON ROUGE LA 70808</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>           | <p>SELF</p> <p>Occupation<br/>ATTORNEY</p> <p>Aggregate Year-to-Date &gt; \$</p>                  | <p>10/19/98</p>         | <p>500.00</p>                      |
| <p>E. Full Name, Mailing Address and ZIP Code</p> <p>RAY MARCHAND<br/>1718 LOBDELL HWY<br/>PORT ALLEN LA 70767</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                 | <p>Occupation<br/>RETIRED</p> <p>Aggregate Year-to-Date &gt; \$</p>                               | <p>10/19/98</p>         | <p>300.00</p>                      |
| <p>F. Full Name, Mailing Address and ZIP Code</p> <p>MILTON M. CORSO III<br/>3030 CONGRESS BLVD. #106<br/>BATON ROUGE LA 70808</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p> | <p>OSCC OF LA</p> <p>Occupation<br/>EXECUTIVE DIRECTOR</p> <p>Aggregate Year-to-Date &gt; \$</p>  | <p>10/19/98</p>         | <p>219.75</p>                      |
| <p>G. Full Name, Mailing Address and ZIP Code</p> <p>SCOTT H. MERIDITH<br/>P.O. BOX 730<br/>COLUMBIA LA 71418</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                  | <p>HOGAN OIL</p> <p>Occupation<br/>OIL BUSINESSMAN</p> <p>Aggregate Year-to-Date &gt; \$</p>      | <p>10/19/98</p>         | <p>240.50</p>                      |
| SUBTOTAL of Receipts This Page (optional)                                                                                                                                                                                                                                         |                                                                                                   |                         | 2,260.25                           |
| TOTAL This Period (last page this line number only)                                                                                                                                                                                                                               |                                                                                                   |                         |                                    |

## SCHEDULE A

## ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11a

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## NAME OF COMMITTEE (In Full)

McKeithen For Congress

| A. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer            | Date (month, day, year) | Amount of Each Receipt This Period |
|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------|------------------------------------|
| ASSOCIATED BRANCH PILOTS<br>P.O. BOX 8563<br>METARIE LA 70011                                                                          | Occupation                  | 10/20/98                |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ | 1,000.00                | 1,000.00                           |
| B. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer            | Date (month, day, year) | Amount of Each Receipt This Period |
| STEPHEN B. MURRAY, JR.<br>3716 CAMP ST.<br>NEW ORLEANS LA 70115                                                                        | SELF                        | 10/20/98                |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>ATTORNEY      | 10/20/98                |                                    |
|                                                                                                                                        | Aggregate Year-to-Date > \$ | 1,000.00                | 1,000.00                           |
| C. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer            | Date (month, day, year) | Amount of Each Receipt This Period |
| KATHERINE C. BAIN<br>421 DUNMORELAND CIRCLE<br>SHREVEPORT LA 71106                                                                     | Occupation<br>HOMEMAKER     | 10/20/98                |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ | 1,000.00                | 1,000.00                           |
| D. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer            | Date (month, day, year) | Amount of Each Receipt This Period |
| KENNETH E. BADON<br>P.O. BOX 1850<br>LAKE CHARLES LA 70602                                                                             | SELF                        | 10/20/98                |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>ATTORNEY      | 10/20/98                |                                    |
|                                                                                                                                        | Aggregate Year-to-Date > \$ | 1,000.00                | 1,000.00                           |
| E. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer            | Date (month, day, year) | Amount of Each Receipt This Period |
| DREW RANIER<br>P.O. BOX 1850<br>LAKE CHARLES LA 70602                                                                                  | SELF                        | 10/20/98                |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>ATTORNEY      | 10/20/98                |                                    |
|                                                                                                                                        | Aggregate Year-to-Date > \$ | 1,000.00                | 1,000.00                           |
| F. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer            | Date (month, day, year) | Amount of Each Receipt This Period |
| MANARD & MINGE LAW FIRM<br>1100 POYDRAS ST. STE. 2600<br>NEW ORLEANS LA 70163                                                          | Occupation<br>ATTORNEYS     | 10/20/98                |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ | 320.00                  | 320.00                             |
| G. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer            | Date (month, day, year) | Amount of Each Receipt This Period |
| ROBERT MANARD<br>1100 POYDRAS ST.<br>NEW ORLEANS, LA 70163                                                                             | Occupation<br>ATTORNEYS     | 10/20/98                |                                    |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | Aggregate Year-to-Date > \$ |                         | 160.00                             |

SUBTOTAL of Receipts This Page (optional)..... 5,320.00

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

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FOR LINE NUMBER  
11a

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**NAME OF COMMITTEE (in full)**

McKeithen For Congress

|                                                                                                                                                                                                                                                                                     |                                                                                                                                                              |                                                       |                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------|
| <p><b>A. Full Name, Mailing Address and ZIP Code</b></p> <p>JIM MINGE<br/>1100 POYRAS ST.<br/>NEW ORLEANS, LA 70163</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                         | <p><b>Name of Employer</b></p> <p>ATTORNEYS</p> <p><b>Occupation</b></p> <p>ATTORNEYS</p> <p><b>Aggregate Year-to-Date &gt;</b> \$ 0</p>                     | <p><b>Date (month, day, year)</b></p> <p>10/20/98</p> | <p><b>Amount of Each Receipt this Period</b></p> <p>160.00<br/>- MEMO -</p> |
| <p><b>B. Full Name, Mailing Address and ZIP Code</b></p> <p>TROY E. BAIN<br/>1540 IRVING<br/>SHREVEPORT LA 71101</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                 | <p><b>Name of Employer</b></p> <p>WILLIAMS &amp; WILLIAMS</p> <p><b>Occupation</b></p> <p>ATTORNEY</p> <p><b>Aggregate Year-to-Date &gt;</b> \$ 1,000.00</p> | <p><b>Date (month, day, year)</b></p> <p>10/20/98</p> | <p><b>Amount of Each Receipt this Period</b></p> <p>300.00</p>              |
| <p><b>C. Full Name, Mailing Address and ZIP Code</b></p> <p>MERVIN H. WAMPOLD, JR.<br/>119 D ST. SE NO.5<br/>WASHINGTON DC 20003</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p> | <p><b>Name of Employer</b></p> <p>SELF</p> <p><b>Occupation</b></p> <p>CONSULTANT</p> <p><b>Aggregate Year-to-Date &gt;</b> \$ 250.00</p>                    | <p><b>Date (month, day, year)</b></p> <p>10/20/98</p> | <p><b>Amount of Each Receipt this Period</b></p> <p>250.00</p>              |
| <p><b>D. Full Name, Mailing Address and ZIP Code</b></p> <p>CHARLES M. TILLEY<br/>451 BROOKS CHAPEL RD.<br/>QUITMAN LA 71268</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>     | <p><b>Name of Employer</b></p> <p>RETIREE</p> <p><b>Occupation</b></p> <p>RETIREE</p> <p><b>Aggregate Year-to-Date &gt;</b> \$ 250.00</p>                    | <p><b>Date (month, day, year)</b></p> <p>10/20/98</p> | <p><b>Amount of Each Receipt this Period</b></p> <p>250.00</p>              |
| <p><b>E. Full Name, Mailing Address and ZIP Code</b></p> <p>JAMES CARVILLE<br/>112 5TH ST. SE<br/>WASHINGTON DC 20003</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>            | <p><b>Name of Employer</b></p> <p>SELF</p> <p><b>Occupation</b></p> <p>CONSULTANT</p> <p><b>Aggregate Year-to-Date &gt;</b> \$ 250.00</p>                    | <p><b>Date (month, day, year)</b></p> <p>10/20/98</p> | <p><b>Amount of Each Receipt this Period</b></p> <p>250.00</p>              |
| <p><b>F. Full Name, Mailing Address and ZIP Code</b></p> <p>L.J. GREZAFFI<br/>P.O. BOX 692<br/>NEW ROADS LA 70760</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                | <p><b>Name of Employer</b></p> <p>L.J.G. LAND COMPANY</p> <p><b>Occupation</b></p> <p>OWNER</p> <p><b>Aggregate Year-to-Date &gt;</b> \$ 422.50</p>          | <p><b>Date (month, day, year)</b></p> <p>10/20/98</p> | <p><b>Amount of Each Receipt this Period</b></p> <p>122.50</p>              |
| <p><b>G. Full Name, Mailing Address and ZIP Code</b></p> <p>NATHAN LEVY<br/>1452 PAUGER ST.<br/>NEW ORLEANS LA 70116</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>             | <p><b>Name of Employer</b></p> <p>SELF</p> <p><b>Occupation</b></p> <p>ATTORNEY</p> <p><b>Aggregate Year-to-Date &gt;</b> \$ 1,000.00</p>                    | <p><b>Date (month, day, year)</b></p> <p>10/21/98</p> | <p><b>Amount of Each Receipt this Period</b></p> <p>1,000.00</p>            |
| <p><b>SUBTOTAL of Receipts This Page (optional)</b></p>                                                                                                                                                                                                                             |                                                                                                                                                              |                                                       | <p>2,172.50</p>                                                             |
| <p><b>TOTAL This Period (last page this line number only)</b></p>                                                                                                                                                                                                                   |                                                                                                                                                              |                                                       | <p></p>                                                                     |

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11a

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**NAME OF COMMITTEE (in Full)**

McKeithen For Congress

| A. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer               | Date (month, day, year) | Amount of Each Receipt this Period |
|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------|------------------------------------|
| PHIL CANOVA<br>58156 COURT ST<br>PLAQUEMINE LA 70764                                                                                   | SELF                           |                         |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>BUSINESS         | 10/21/98                |                                    |
|                                                                                                                                        | Aggregate Year-to-Date > \$    | 500.00                  | 500.00                             |
| B. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer               | Date (month, day, year) | Amount of Each Receipt this Period |
| HENRY A. WATSON, JR.<br>P.O. BOX 229<br>ETHEL LA 70730                                                                                 | SSI                            |                         |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>OWNER            | 10/21/98                |                                    |
|                                                                                                                                        | Aggregate Year-to-Date > \$    | 500.00                  | 500.00                             |
| C. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer               | Date (month, day, year) | Amount of Each Receipt this Period |
| HELEN A. POPE<br>1153 INGLESIDE DR.<br>BATON ROUGE LA 70806                                                                            | SELF                           |                         |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>LONG TERM CARE   | 10/21/98                |                                    |
|                                                                                                                                        | Aggregate Year-to-Date > \$    | 750.00                  | 500.00                             |
| D. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer               | Date (month, day, year) | Amount of Each Receipt this Period |
| KATHRYN C. ELKINS<br>58380 FORT ST.<br>PLAQUEMINE LA 70764                                                                             | SELF                           |                         |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>M.D.             | 10/21/98                |                                    |
|                                                                                                                                        | Aggregate Year-to-Date > \$    | 500.00                  | 500.00                             |
| E. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer               | Date (month, day, year) | Amount of Each Receipt this Period |
| ROSA C. HARRIS<br>P.O. BOX 525<br>DENHAM SPRINGS LA 70726                                                                              |                                |                         |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>RETIRED          | 10/21/98                |                                    |
|                                                                                                                                        | Aggregate Year-to-Date > \$    | 500.00                  | 500.00                             |
| F. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer               | Date (month, day, year) | Amount of Each Receipt this Period |
| RANDOLPH A. PIEDRAHITA<br>821 SPANISHTOWN RD.<br>BATON ROUGE LA 70802                                                                  | DUE, CABALLERO, PRICE & GUIDRY |                         |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>ATTORNEY         | 10/21/98                |                                    |
|                                                                                                                                        | Aggregate Year-to-Date > \$    | 750.00                  | 500.00                             |
| G. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer               | Date (month, day, year) | Amount of Each Receipt this Period |
| GORDON R. CRAWFORD<br>324 E. WORTHY RD.<br>GONZALES LA 70737                                                                           | GORDON R. CRAWFORD & ASSC.     |                         |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>ATTORNEY         | 10/21/98                |                                    |
|                                                                                                                                        | Aggregate Year-to-Date > \$    | 450.00                  | 450.00                             |

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

**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

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FOR LINE NUMBER 11a

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## NAME OF COMMITTEE (In Full)

McKeithen For Congress

| A. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer                              | Date (month, day, year) | Amount of Each Receipt this Period |
|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-------------------------|------------------------------------|
| JOSEPH P. SOLAKA<br>8752 QUARTERS LAKE RD.<br>BATON ROUGE LA 70809                                                                     | SELF                                          |                         |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>BUSINESS & MARKETING CONSULTANT | 10/21/98                |                                    |
|                                                                                                                                        | Aggregate Year-to-Date > \$                   | 250.00                  | 250.00                             |
| B. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer                              | Date (month, day, year) | Amount of Each Receipt this Period |
| MELVIN L. "KIP" HOLDEN<br>838 NORTH BLVD<br>BATON ROUGE LA 70802                                                                       | SELF / STATE OF LA                            |                         |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>ATTORNEY / STATE REPRESENTATIVE | 10/21/98                |                                    |
|                                                                                                                                        | Aggregate Year-to-Date > \$                   | 250.00                  | 250.00                             |
| C. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer                              | Date (month, day, year) | Amount of Each Receipt this Period |
| PAUL G. AUCCOIN<br>134 GOODWILL PLANTATION RD<br>VACHERIE LA 70090                                                                     | SELF                                          |                         |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>ATTORNEY                        | 10/21/98                |                                    |
|                                                                                                                                        | Aggregate Year-to-Date > \$                   | 500.00                  | 250.00                             |
| D. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer                              | Date (month, day, year) | Amount of Each Receipt this Period |
| CAROL I. SPEER<br>2044 LAKE HILLS PRWY<br>BATON ROUGE LA 70808                                                                         | JOHN BREAUX SENATE COMMITTEE                  |                         |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>TREASURER                       | 10/21/98                |                                    |
|                                                                                                                                        | Aggregate Year-to-Date > \$                   | 250.00                  | 250.00                             |
| E. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer                              | Date (month, day, year) | Amount of Each Receipt this Period |
| DONNA D. MCSHAN<br>P.O. BOX 190<br>AMITE LA 70422                                                                                      | SELF                                          |                         |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>LAW OFFICE                      | 10/23/98                |                                    |
|                                                                                                                                        | Aggregate Year-to-Date > \$                   | 500.00                  | 500.00                             |
| F. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer                              | Date (month, day, year) | Amount of Each Receipt this Period |
| SUSAN HALEY HALL<br>104 EDINBURGH CIRCLE<br>LAFAYETTE LA 70508                                                                         |                                               |                         |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>MORTGAGE BANKER                 | 10/23/98                |                                    |
|                                                                                                                                        | Aggregate Year-to-Date > \$                   | 500.00                  | 500.00                             |
| G. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer                              | Date (month, day, year) | Amount of Each Receipt this Period |
| CATHERINE BOLES<br>P.O. BOX 2065<br>MONROE LA 71207                                                                                    |                                               |                         |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>RETIRED                         | 10/23/98                |                                    |
|                                                                                                                                        | Aggregate Year-to-Date > \$                   | 500.00                  | 500.00                             |

SUBTOTAL of Receipts This Page (optional)..... 2,500.00

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



## SCHEDULE A

## ITEMIZED RECEIPTS

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

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## NAME OF COMMITTEE (in Full)

McKeithen For Congress

| A. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer                 | Date (month, day, year) | Amount of Each Receipt this Period |
|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------|------------------------------------|
| MURRAY A. CALHOUN<br>76 MARYLAND DR.<br>NEW ORLEANS LA 70124                                                                           | SELF                             |                         |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>ATTORNEY           | 10/23/98                |                                    |
|                                                                                                                                        | Aggregate Year-to-Date > \$      | 500.00                  | 500.00                             |
| B. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer                 | Date (month, day, year) | Amount of Each Receipt this Period |
| BETSY HOOPER<br>14747 SUMMERS RD<br>BATON ROUGE LA 70818                                                                               | LA CAP FEDERAL CREDIT UNION      |                         |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>PRESIDENT          | 10/23/98                |                                    |
|                                                                                                                                        | Aggregate Year-to-Date > \$      | 400.00                  | 250.00                             |
| C. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer                 | Date (month, day, year) | Amount of Each Receipt this Period |
| WALTER A. KIRTLAND<br>6731 EXCHEQUER<br>BATON ROUGE LA 70809                                                                           | SELF                             |                         |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>ATTORNEY           | 10/23/98                |                                    |
|                                                                                                                                        | Aggregate Year-to-Date > \$      | 250.00                  | 250.00                             |
| D. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer                 | Date (month, day, year) | Amount of Each Receipt this Period |
| ELIZABETH O. POWERS<br>2436 CONTOUR<br>BATON ROUGE LA 70809                                                                            | SELF                             |                         |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>ATTORNEY           | 10/23/98                |                                    |
|                                                                                                                                        | Aggregate Year-to-Date > \$      | 300.00                  | 100.00                             |
| E. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer                 | Date (month, day, year) | Amount of Each Receipt this Period |
| ANDREW JACK BENNETT, JR.<br>251 FLORIDA ST. STE. 400<br>BATON ROUGE LA 70801                                                           | JACK BENNETT APLC                |                         |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>ATTORNEY           | 10/23/98                |                                    |
|                                                                                                                                        | Aggregate Year-to-Date > \$      | 300.00                  | 100.00                             |
| F. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer                 | Date (month, day, year) | Amount of Each Receipt this Period |
| WILLIAM LAIMBEER<br>311 E. MERRILL ST.<br>BIRMINGHAM AL 38009                                                                          | LAIMBEER PACKAGING INC           |                         |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>MARKETING DIRECTOR | 10/26/98                |                                    |
|                                                                                                                                        | Aggregate Year-to-Date > \$      | 1,000.00                | 1,000.00                           |
| G. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer                 | Date (month, day, year) | Amount of Each Receipt this Period |
| MATTHEW E. LUNDY<br>1201 LOUISIANA ST 3179<br>HOUSTON TX 77002                                                                         | SELF                             |                         |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>ATTORNEY           | 10/26/98                |                                    |
|                                                                                                                                        | Aggregate Year-to-Date > \$      | 1,000.00                | 1,000.00                           |

SUBTOTAL of Receipts This Page (optional)..... 3,200.00

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

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FOR LINE NUMBER  
11a

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**NAME OF COMMITTEE (In Full)**

McKeithen For Congress

|                                                                                                                                                                                                                                                                     |  |                                                                                                           |                                               |                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>MICHELLE MATHERNE<br>7438 CONESTOGA DR<br>GREENWELL SPRINGS LA 70739<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): |  | Name of Employer<br>CONTROLLER<br>Occupation<br>GM CABLE CONTRACTORS, INC.<br>Aggregate Year-to-Date > \$ | Date (month, day, year)<br>10/26/98<br>500.00 | Amount of Each Receipt this Period<br>500.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>FRANK C. DUDENHEFER, JR.<br>416 GRAVIER<br>NEW ORLEANS LA 70112<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):      |  | Name of Employer<br>SELF<br>Occupation<br>ATTORNEY<br>Aggregate Year-to-Date > \$                         | Date (month, day, year)<br>10/26/98<br>500.00 | Amount of Each Receipt this Period<br>500.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>NANCY T. D'AMICO<br>1447 FNHC BLDG<br>NEW ORLEANS LA 70112<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):           |  | Name of Employer<br>SELF<br>Occupation<br>SPEECH THERAPIST<br>Aggregate Year-to-Date > \$                 | Date (month, day, year)<br>10/26/98<br>300.00 | Amount of Each Receipt this Period<br>300.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><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           |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>FREDDIE PITCHER, JR.<br>5617 CONGRESS BLVD.<br>BATON ROUGE LA 70808<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):  |  | Name of Employer<br><br>Occupation<br>RETIRED<br>Aggregate Year-to-Date > \$                              | Date (month, day, year)<br>10/26/98<br>500.00 | Amount of Each Receipt this Period<br>250.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>MIKE KOPETSKI<br>517 COLECRAFT CT.<br>ALEXANDRIA VA 22314<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            |  | Name of Employer<br>SELF<br>Occupation<br>INTERNATIONAL TRADE CONSULTANT<br>Aggregate Year-to-Date > \$   | Date (month, day, year)<br>10/26/98<br>250.00 | Amount of Each Receipt this Period<br>250.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>MICHAEL NELSON<br>1422 VICTOR II BLVD<br>MORGAN CITY LA 70380<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):        |  | Name of Employer<br>NELSON ENTERPRISES<br>Occupation<br>OWNER<br>Aggregate Year-to-Date > \$              | Date (month, day, year)<br>10/26/98<br>750.00 | Amount of Each Receipt this Period<br>250.00 |

**SUBTOTAL** of Receipts This Page (optional)..... 2,050.00

**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

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FOR LINE NUMBER 11a

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**NAME OF COMMITTEE (In Full)**

McKeithen For Congress

| A. Full Name, Mailing Address and ZIP Code                                                                                             |  | Name of Employer                       | Date (month, day, year) | Amount of Each Receipt this Period |
|----------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------|-------------------------|------------------------------------|
| VIDRINE & LAFLEUR LAW PARTNERSHIP<br>1007 ST. JOHN ST.<br>LAFAYETTE LA 70501                                                           |  | ATTORNEYS                              | 10/26/98                |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): |  | Aggregate Year-to-Date > \$            | 350.00                  | 100.00                             |
| B. Full Name, Mailing Address and ZIP Code                                                                                             |  | Name of Employer                       | Date (month, day, year) | Amount of Each Receipt this Period |
| JOHN VIDRINE<br>1007 ST. JOHN<br>LAFAYETTE, LA 70501                                                                                   |  | ATTORNEYS                              | 10/26/98                | 50.00<br>-MEMO-                    |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            |  | Aggregate Year-to-Date > \$            |                         |                                    |
| C. Full Name, Mailing Address and ZIP Code                                                                                             |  | Name of Employer                       | Date (month, day, year) | Amount of Each Receipt this Period |
| ERIC LAFLEUR<br>1007 ST. JOHN<br>LAFAYETTE, LA 70501                                                                                   |  | ATTORNEYS                              | 10/26/98                | 50.00<br>-MEMO-                    |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            |  | Aggregate Year-to-Date > \$            |                         |                                    |
| D. Full Name, Mailing Address and ZIP Code                                                                                             |  | Name of Employer                       | Date (month, day, year) | Amount of Each Receipt this Period |
| GOWRI S. KAILAS<br>34 CHATEAU PALMER<br>KENNER LA 70065                                                                                |  | KAILAS INV-LLC<br>REAL ESTATE INVESTER | 10/27/98                |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): |  | Aggregate Year-to-Date > \$            | 1,000.00                | 1,000.00                           |
| E. Full Name, Mailing Address and ZIP Code                                                                                             |  | Name of Employer                       | Date (month, day, year) | Amount of Each Receipt this Period |
| DANIEL G. ABEL<br>4805 CRAIG AVE.<br>METAIRIE LA 70003                                                                                 |  | SELF<br>ATTORNEY                       | 10/27/98                |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): |  | Aggregate Year-to-Date > \$            | 1,000.00                | 1,000.00                           |
| F. Full Name, Mailing Address and ZIP Code                                                                                             |  | Name of Employer                       | Date (month, day, year) | Amount of Each Receipt this Period |
| DARRYL BERGER<br>100 CONTI ST.<br>NEW ORLEANS LA 70130                                                                                 |  | SELF<br>DEVELOPMENT / INVESTMENTS      | 10/27/98                |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): |  | Aggregate Year-to-Date > \$            | 1,000.00                | 1,000.00                           |
| G. Full Name, Mailing Address and ZIP Code                                                                                             |  | Name of Employer                       | Date (month, day, year) | Amount of Each Receipt this Period |
| SAMUEL T. KOGOS<br>6145 ARGONNE<br>NEW ORLEANS LA 70124                                                                                |  | SELF<br>RESTAURANTIER                  | 10/27/98                |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): |  | Aggregate Year-to-Date > \$            | 1,000.00                | 1,000.00                           |
| SUBTOTAL of Receipts This Page (optional)                                                                                              |  |                                        |                         | 4,100.00                           |
| TOTAL This Period (last page this line number only)                                                                                    |  |                                        |                         |                                    |

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (In Full)**

McKeithen For Congress

| A. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer            | Date (month, day, year) | Amount of Each Receipt this Period |
|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------|------------------------------------|
| IRA J. MIDDLEBERG<br>201 ST. CHARLES AVE 31 ST FL<br>NEW ORLEANS LA 70170                                                              | SELF                        |                         |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>ATTORNEY      | 10/27/98                |                                    |
|                                                                                                                                        | Aggregate Year-to-Date > \$ | 1,000.00                | 1,000.00                           |
| B. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer            | Date (month, day, year) | Amount of Each Receipt this Period |
| RONALD V. BURNS, SR.<br>6846 LAKE WILLOW DR.<br>NEW ORLEANS LA 70126                                                                   | BURNS MANAGEMENT GROUP      |                         |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>OWNER         | 10/27/98                |                                    |
|                                                                                                                                        | Aggregate Year-to-Date > \$ | 500.00                  | 500.00                             |
| C. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer            | Date (month, day, year) | Amount of Each Receipt this Period |
| LOUELLEN BERGER<br>6000 ST. CHARLES AVE.<br>NEW ORLEANS LA 70118                                                                       |                             |                         |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>HOMEMAKER     | 10/27/98                |                                    |
|                                                                                                                                        | Aggregate Year-to-Date > \$ | 1,000.00                | 1,000.00                           |
| D. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer            | Date (month, day, year) | Amount of Each Receipt this Period |
| JOHN P. O'BRIEN<br>309 CEDAR DR.<br>METAIRIE LA 70005                                                                                  | POWELL INSURANCE            |                         |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>VP            | 10/27/98                |                                    |
|                                                                                                                                        | Aggregate Year-to-Date > \$ | 1,000.00                | 1,000.00                           |
| E. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer            | Date (month, day, year) | Amount of Each Receipt this Period |
| ROBERT C. TANNEN<br>2326 ESPLANADE AVE.<br>NEW ORLEANS LA 70119                                                                        | FR HARRISS                  |                         |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>CONSULTANT    | 10/27/98                |                                    |
|                                                                                                                                        | Aggregate Year-to-Date > \$ | 1,000.00                | 1,000.00                           |
| F. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer            | Date (month, day, year) | Amount of Each Receipt this Period |
| DALE K. MCDANIEL<br>320 LOTUS DR. S.<br>MANDEVILLE LA 70448                                                                            | PARSONS BRICKERHOFF INC     |                         |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>VP            | 10/27/98                |                                    |
|                                                                                                                                        | Aggregate Year-to-Date > \$ | 1,000.00                | 1,000.00                           |
| G. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer            | Date (month, day, year) | Amount of Each Receipt this Period |
| EDMOND Q. PARSON<br>5024 FOLSE DR.<br>METAIRIE LA 70002                                                                                | CAMP, DRESSER, NCKEE        |                         |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>ADMINISTRATOR | 10/27/98                |                                    |
|                                                                                                                                        | Aggregate Year-to-Date > \$ | 500.00                  | 500.00                             |

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

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

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**ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

McKeithen For Congress

| A. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer                     | Date (month, day, year) | Amount of Each Receipt this Period |
|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------|------------------------------------|
| JANET SECORSKY<br>12074 NEWCASTLE AVE #308<br>BATON ROUGE LA 70816                                                                     | ETEC                                 |                         |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>CONTRACT ADMINISTRATOR | 10/27/98                |                                    |
|                                                                                                                                        | Aggregate Year-to-Date > \$          | 1,000.00                | 500.00                             |
| B. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer                     | Date (month, day, year) | Amount of Each Receipt this Period |
| ELIZABETH CULPEPPER<br>525 EAST COURT AVE.<br>JONESBORO LA 71251                                                                       |                                      |                         |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>REGISTERED NURSE       | 10/27/98                |                                    |
|                                                                                                                                        | Aggregate Year-to-Date > \$          | 500.00                  | 500.00                             |
| C. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer                     | Date (month, day, year) | Amount of Each Receipt this Period |
| L.J. GREZAFFI<br>P.O. BOX 692<br>NEW ROADS LA 70760                                                                                    | L.J.G. LAND COMPANY                  |                         |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>OWNER                  | 10/27/98                |                                    |
|                                                                                                                                        | Aggregate Year-to-Date > \$          | 541.50                  | 119.00                             |
| D. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer                     | Date (month, day, year) | Amount of Each Receipt this Period |
| TOMMIE MCMORRIS<br>PO BOX 16<br>TICKFAW LA 70466                                                                                       | SELF                                 |                         |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>REAL ESTATE APPRAISER  | 10/27/98                |                                    |
|                                                                                                                                        | Aggregate Year-to-Date > \$          | 650.00                  | 250.00                             |
| E. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer                     | Date (month, day, year) | Amount of Each Receipt this Period |
| DWAIN ELLIOT<br>P.O. BOX 53554<br>BATON ROUGE LA 70892                                                                                 | URBAN LEADER                         |                         |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>EDITOR                 | 10/27/98                |                                    |
|                                                                                                                                        | Aggregate Year-to-Date > \$          | 400.00                  | 400.00                             |
| F. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer                     | Date (month, day, year) | Amount of Each Receipt this Period |
| PRICE MOUNGER<br>703 HENRY CLAY AVE.<br>NEW ORLEANS LA 70118                                                                           | SELF                                 |                         |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>ATTORNEY               | 10/28/98                |                                    |
|                                                                                                                                        | Aggregate Year-to-Date > \$          | 1,000.00                | 500.00                             |
| G. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer                     | Date (month, day, year) | Amount of Each Receipt this Period |
| PRICE MOUNGER<br>703 HENRY CLAY AVE.<br>NEW ORLEANS LA 70118                                                                           | SELF                                 |                         |                                    |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>ATTORNEY               | 10/28/98                |                                    |
|                                                                                                                                        | Aggregate Year-to-Date > \$          | 1,500.00                | 500.00                             |

SUBTOTAL of Receipts This Page (optional)

2,769.00

TOTAL This Period (last page this line number only)

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**NAME OF COMMITTEE (In Full)**

McKeithen For Congress

| A. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer                              | Date (month, day, year) | Amount of Each Receipt this Period |
|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-------------------------|------------------------------------|
| THOMAS HALE BOGGS, JR.<br>6 E. KIRKE ST.<br>CHEVY CHASE MD 20815                                                                       | SELF                                          |                         |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>CONSULTANT                      | 10/28/98                |                                    |
|                                                                                                                                        | Aggregate Year-to-Date > \$                   | 1,000.00                | 1,000.00                           |
| B. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer                              | Date (month, day, year) | Amount of Each Receipt this Period |
| MITCHELL J. LANDRIEU<br>1100 POYDRAS STE. 2950<br>NEW ORLEANS LA 70163                                                                 | SELF / STATE OF LA                            |                         |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>ATTORNEY / STATE REPRESENTATIVE | 10/28/98                |                                    |
|                                                                                                                                        | Aggregate Year-to-Date > \$                   | 1,000.00                | 1,000.00                           |
| C. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer                              | Date (month, day, year) | Amount of Each Receipt this Period |
| PATRICK C. MORROW<br>P.O. DRAWER 7090<br>OPELOUSAS LA 70571                                                                            | SELF                                          |                         |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>ATTORNEY                        | 10/28/98                |                                    |
|                                                                                                                                        | Aggregate Year-to-Date > \$                   | 500.00                  | 500.00                             |
| D. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer                              | Date (month, day, year) | Amount of Each Receipt this Period |
| JOHN M. MANNOULIDES<br>4917 HENICAN PL<br>METAIRIE LA 70003                                                                            | SELF                                          |                         |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>ATTORNEY                        | 10/28/98                |                                    |
|                                                                                                                                        | Aggregate Year-to-Date > \$                   | 1,000.00                | 1,000.00                           |
| E. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer                              | Date (month, day, year) | Amount of Each Receipt this Period |
| PAUL H. DUE<br>8201 JEFFERSON HWY.<br>BATON ROUGE LA 70809                                                                             | SELF                                          |                         |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>ATTORNEY                        | 10/28/98                |                                    |
|                                                                                                                                        | Aggregate Year-to-Date > \$                   | 1,000.00                | 1,000.00                           |
| F. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer                              | Date (month, day, year) | Amount of Each Receipt this Period |
| KARL J. LEGER<br>13615 LOST CREEK RD<br>TOMBALL TX 77375                                                                               | CSI CONSULTANTS                               |                         |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>CONSULTANT                      | 10/28/98                |                                    |
|                                                                                                                                        | Aggregate Year-to-Date > \$                   | 1,000.00                | 1,000.00                           |
| G. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer                              | Date (month, day, year) | Amount of Each Receipt this Period |
| RUSSELL L. MOSELY<br>6536 MILLSTONE<br>BATON ROUGE LA 70808                                                                            |                                               |                         |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>STUDENT                         | 10/28/98                |                                    |
|                                                                                                                                        | Aggregate Year-to-Date > \$                   | 1,000.00                | 1,000.00                           |

**SUBTOTAL** of Receipts This Page (optional)..... 6,500.00

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

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## NAME OF COMMITTEE (in Full)

McKeithen For Congress

| A. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer            | Date (month, day, year) | Amount of Each Receipt this Period |
|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------|------------------------------------|
| WALTER C. DUMAS<br>1263 GOVERNMENT<br>BATON ROUGE LA 70802                                                                             | SELF                        |                         |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>ATTORNEY      | 10/28/98                |                                    |
|                                                                                                                                        | Aggregate Year-to-Date > \$ | 1,000.00                | 840.00                             |
| B. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer            | Date (month, day, year) | Amount of Each Receipt this Period |
| WALTER C. DUMAS<br>1263 GOVERNMENT<br>BATON ROUGE LA 70802                                                                             | SELF                        |                         |                                    |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>ATTORNEY      | 10/28/98                |                                    |
|                                                                                                                                        | Aggregate Year-to-Date > \$ | 1,160.00                | 160.00                             |
| C. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer            | Date (month, day, year) | Amount of Each Receipt this Period |
| MORRIS BART<br>909 POYDRAS ST.<br>NEW ORLEANS LA 70112                                                                                 | SELF                        |                         |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>ATTORNEY      | 10/28/98                |                                    |
|                                                                                                                                        | Aggregate Year-to-Date > \$ | 1,000.00                | 500.00                             |
| D. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer            | Date (month, day, year) | Amount of Each Receipt this Period |
| RICHARD M. JOHN<br>837 KINGS HWY STE 100<br>SHREVEPORT LA 71104                                                                        | SELF                        |                         |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>ATTORNEY      | 10/28/98                |                                    |
|                                                                                                                                        | Aggregate Year-to-Date > \$ | 500.00                  | 500.00                             |
| E. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer            | Date (month, day, year) | Amount of Each Receipt this Period |
| JACK M. BAILEY, JR.<br>2790 FAIRFIELD AVE.<br>SHREVEPORT LA 71104                                                                      | SELF                        |                         |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>ATTORNEY      | 10/28/98                |                                    |
|                                                                                                                                        | Aggregate Year-to-Date > \$ | 500.00                  | 500.00                             |
| F. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer            | Date (month, day, year) | Amount of Each Receipt this Period |
| MADELINE LANDRIEU<br>1100 POYDRAS ST. STE 2800<br>NEW ORLEANS LA 70163                                                                 | GAINSBURGH BENJAMINE        |                         |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>ATTORNEY      | 10/28/98                |                                    |
|                                                                                                                                        | Aggregate Year-to-Date > \$ | 500.00                  | 500.00                             |
| G. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer            | Date (month, day, year) | Amount of Each Receipt this Period |
| JOHN W. MILAZZO, JR.<br>4263 VICTORIA DR.<br>BATON ROUGE LA 70404                                                                      | CAMPUS CREDIT UNION         |                         |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>CEO           | 10/28/98                |                                    |
|                                                                                                                                        | Aggregate Year-to-Date > \$ | 1,000.00                | 400.00                             |
| SUBTOTAL of Receipts This Page (optional).....                                                                                         |                             |                         | 3,400.00                           |
| TOTAL This Period (last page this line number only).....                                                                               |                             |                         |                                    |

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**NAME OF COMMITTEE (in Full)**

McKeithen For Congress

| A. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer            | Date (month, day, year) | Amount of Each Receipt this Period |
|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------|------------------------------------|
| SEAN A. JACKSON<br>3608 PRESIDENT DAVIS DR.<br>BATON ROUGE LA 70816                                                                    | SELF                        |                         |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>ATTORNEY      | 10/28/98                |                                    |
|                                                                                                                                        | Aggregate Year-to-Date > \$ | 300.00                  | 300.00                             |
| B. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer            | Date (month, day, year) | Amount of Each Receipt this Period |
| G. L. MANUEL, JR.<br>P.O. BOX 470<br>CROWLEY LA 70527                                                                                  | SELF                        |                         |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>BUSINESSMAN   | 10/28/98                |                                    |
|                                                                                                                                        | Aggregate Year-to-Date > \$ | 250.00                  | 250.00                             |
| C. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer            | Date (month, day, year) | Amount of Each Receipt this Period |
| B. SCOTT ANDREWS<br>10632 HILLGLEN AVE.<br>BATON ROUGE LA 70810                                                                        | DUE, CABELLERO, PRICE       |                         |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>ATTORNEY      | 10/28/98                |                                    |
|                                                                                                                                        | Aggregate Year-to-Date > \$ | 250.00                  | 250.00                             |
| D. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer            | Date (month, day, year) | Amount of Each Receipt this Period |
| JANE M. TRICHE<br>5184 HWY 308<br>NAPOLEONVILLE LA 70404                                                                               | SELF                        |                         |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>ATTORNEY      | 10/28/98                |                                    |
|                                                                                                                                        | Aggregate Year-to-Date > \$ | 500.00                  | 250.00                             |
| E. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer            | Date (month, day, year) | Amount of Each Receipt this Period |
| DAN J. LAFLUER<br>9349 HILL TRACE<br>BATON ROUGE LA 70809                                                                              |                             |                         |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>MD            | 10/28/98                |                                    |
|                                                                                                                                        | Aggregate Year-to-Date > \$ | 450.00                  | 200.00                             |
| F. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer            | Date (month, day, year) | Amount of Each Receipt this Period |
| VERONICA JONES MATTHEWS<br>438 PLANTATION RIDGE DR<br>BATON ROUGE LA 70810                                                             | LENLE/KELLEHER              |                         |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>ATTORNEY      | 10/28/98                |                                    |
|                                                                                                                                        | Aggregate Year-to-Date > \$ | 350.00                  | 200.00                             |
| G. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer            | Date (month, day, year) | Amount of Each Receipt this Period |
| DARRELL W. HUNT<br>2375 WISTERIA<br>BATON ROUGE LA 70806                                                                               | SELF                        |                         |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>CONSULTANT    | 10/28/98                |                                    |
|                                                                                                                                        | Aggregate Year-to-Date > \$ | 750.00                  | 125.00                             |

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

1,575.00

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



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**NAME OF COMMITTEE (In Full)**

McKeithen For Congress

| A. Full Name, Mailing Address and ZIP Code                                                                                             |  | Name of Employer            | Date (month, day, year) | Amount of Each Receipt this Period |
|----------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------|-------------------------|------------------------------------|
| B-4 BUILDING CO. AS.C. PARTNERSHIP<br>P.O. BOX 365<br>BARNWELL SC 29812                                                                |  | SELF                        |                         |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): |  | Occupation<br>BUSINESSMEN   | 10/30/98                |                                    |
|                                                                                                                                        |  | Aggregate Year-to-Date > \$ | 1,000.00                | 1,000.00                           |
| B. Full Name, Mailing Address and ZIP Code                                                                                             |  | Name of Employer            | Date (month, day, year) | Amount of Each Receipt this Period |
| * NILES LOADHOLT<br>P.O. BOX 365<br>BARNWELL, SC                                                                                       |  | SELF                        |                         |                                    |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            |  | Occupation<br>BUSINESSMEN   | 10/30/98                | 142.85<br>-MEMO-                   |
|                                                                                                                                        |  | Aggregate Year-to-Date > \$ |                         |                                    |
| C. Full Name, Mailing Address and ZIP Code                                                                                             |  | Name of Employer            | Date (month, day, year) | Amount of Each Receipt this Period |
| * J. TERRY POOLE<br>P.O. BOX 365<br>BARNWELL, SC                                                                                       |  | SELF                        |                         |                                    |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            |  | Occupation<br>BUSINESSMEN   | 10/30/98                | 142.85<br>-MEMO-                   |
|                                                                                                                                        |  | Aggregate Year-to-Date > \$ |                         |                                    |
| D. Full Name, Mailing Address and ZIP Code                                                                                             |  | Name of Employer            | Date (month, day, year) | Amount of Each Receipt this Period |
| * RONALD L. MOTLEY<br>P.O. BOX 365<br>BARNWELL, SC                                                                                     |  | SELF                        |                         |                                    |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            |  | Occupation<br>BUSINESSMEN   | 10/30/98                | 142.86<br>-MEMO-                   |
|                                                                                                                                        |  | Aggregate Year-to-Date > \$ |                         |                                    |
| E. Full Name, Mailing Address and ZIP Code                                                                                             |  | Name of Employer            | Date (month, day, year) | Amount of Each Receipt this Period |
| * TERRY E. RICHARDSON, JR.<br>P.O. BOX 365<br>BARNWELL, SC                                                                             |  | SELF                        |                         |                                    |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            |  | Occupation<br>BUSINESSMEN   | 10/30/98                | 142.86<br>-MEMO-                   |
|                                                                                                                                        |  | Aggregate Year-to-Date > \$ |                         |                                    |
| F. Full Name, Mailing Address and ZIP Code                                                                                             |  | Name of Employer            | Date (month, day, year) | Amount of Each Receipt this Period |
| * THOMAS WEEKS<br>P.O. BOX 365<br>BARNWELL, SC                                                                                         |  | SELF                        |                         |                                    |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            |  | Occupation<br>BUSINESSMEN   | 10/30/98                | 142.86<br>-MEMO-                   |
|                                                                                                                                        |  | Aggregate Year-to-Date > \$ |                         |                                    |
| G. Full Name, Mailing Address and ZIP Code                                                                                             |  | Name of Employer            | Date (month, day, year) | Amount of Each Receipt this Period |
| * JOSEPH F. RICE<br>P.O. BOX 365<br>BARNWELL, SC                                                                                       |  | SELF                        |                         |                                    |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            |  | Occupation<br>BUSINESSMEN   | 10/30/98                | 142.86<br>-MEMO-                   |
|                                                                                                                                        |  | Aggregate Year-to-Date > \$ |                         |                                    |
| SUBTOTAL of Receipts This Page (optional)                                                                                              |  |                             |                         | 1,000.00                           |
| TOTAL This Period (last page this line number only)                                                                                    |  |                             |                         |                                    |

## SCHEDULE A

## ITEMIZED RECEIPTS

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

McKeithen For Congress

| A. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer          | Date (month, day, year)              | Amount of Each Receipt this Period |
|----------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------|------------------------------------|
| CHARLES W. PATRICK, JR.<br>P.O. BOX 365<br>BARWELL, SC                                                                                 | SELF                      | 10/30/98                             | 142.86<br>-MEMO-                   |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | Occupation<br>BUSINESSMEN | Aggregate Year-to-Date > \$          |                                    |
| B. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer          | Date (month, day, year)              | Amount of Each Receipt this Period |
| C. WILLIAM BELSOM, JR.<br>4222 ORCHID<br>BATON ROUGE LA 70808                                                                          | SELF                      | 10/30/98                             | 200.00                             |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>ATTORNEY    | Aggregate Year-to-Date > \$ 750.00   |                                    |
| C. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer          | Date (month, day, year)              | Amount of Each Receipt this Period |
| JOHN D. BERNHARDT<br>P.O. BOX 52309<br>LAPAYETTE LA 70505                                                                              | SELF                      | 10/30/98                             | 500.00                             |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>ATTORNEY    | Aggregate Year-to-Date > \$ 500.00   |                                    |
| D. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer          | Date (month, day, year)              | Amount of Each Receipt this Period |
| STEVE M. MARKS<br>301 ST. CHARLES ST.<br>BATON ROUGE LA 70802                                                                          | MARKS & LEAR              | 10/30/98                             | 500.00                             |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>ATTORNEY    | Aggregate Year-to-Date > \$ 600.00   |                                    |
| E. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer          | Date (month, day, year)              | Amount of Each Receipt this Period |
| RUSSELL BURLEIGH<br>P.O. BOX 309<br>BASILE LA 70515                                                                                    | FIRST BANK                | 10/30/98                             | 1,000.00                           |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>CEO         | Aggregate Year-to-Date > \$ 1,000.00 |                                    |
| F. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer          | Date (month, day, year)              | Amount of Each Receipt this Period |
| JOHN LLOYD DAVIS<br>4102 LENOX PARK CIRCLE<br>ATLANTA GA 30319                                                                         | COMPASS BANK OF ATLANTA   | 10/30/98                             | 499.00                             |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>VP          | Aggregate Year-to-Date > \$ 499.00   |                                    |
| G. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer          | Date (month, day, year)              | Amount of Each Receipt this Period |
| JOHN LLOYD DAVIS<br>4102 LENOX PARK CIRCLE<br>ATLANTA GA 30319                                                                         | COMPASS BANK OF ATLANTA   | 10/30/98                             | 2.00                               |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>VP          | Aggregate Year-to-Date > \$ 501.00   |                                    |
| SUBTOTAL of Receipts This Page (optional)                                                                                              |                           |                                      | 2,701.00                           |
| TOTAL This Period (last page this line number only)                                                                                    |                           |                                      |                                    |

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (In Full)**

McKeithen For Congress

|                                                                                                                                                                                                                                                                            |                                                                                                                                             |                                                                |                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br><br>BRAM C. COUMOU<br>59428 NESLO RD<br>SLIDELL LA 70460<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                | <b>Name of Employer</b><br><br>SELF<br><br><b>Occupation</b><br>MARINE CONSULTANT/CAPTAIN<br><br><b>Aggregate Year-to-Date &gt;</b> \$      | <b>Date (month, day, year)</b><br><br>10/30/98<br><br>250.00   | <b>Amount of Each Receipt this Period</b><br><br>250.00                 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><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><b>Occupation</b><br><br><br><b>Aggregate Year-to-Date &gt;</b> \$                                   | <b>Date (month, day, year)</b><br><br><br><br><br><br>250.00   | <b>Amount of Each Receipt this Period</b><br><br><br><br><br><br>250.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br><br>VERNA S. LANDRIEU<br>4301 S. PRIEUR<br>NEW ORLEANS LA 70125<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):         | <b>Name of Employer</b><br><br><br><br><b>Occupation</b><br>HOMEMAKER<br><br><b>Aggregate Year-to-Date &gt;</b> \$                          | <b>Date (month, day, year)</b><br><br>10/30/98<br><br>250.00   | <b>Amount of Each Receipt this Period</b><br><br>250.00                 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br><br>JENNY GREGORIO<br>1540 IRVING PL.<br>SHREVEPORT LA 71101<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | <b>Name of Employer</b><br><br><br><br><b>Occupation</b><br>HOMEMAKER<br><br><b>Aggregate Year-to-Date &gt;</b> \$                          | <b>Date (month, day, year)</b><br><br>10/30/98<br><br>1,000.00 | <b>Amount of Each Receipt this Period</b><br><br>1,000.00               |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br><br>MARGO L. VINSON<br>614 SUNSET BLVD.<br>BATON ROUGE LA 70808<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):         | <b>Name of Employer</b><br><br>PACE LAW FIRM<br><br><b>Occupation</b><br>TEACHER<br><br><b>Aggregate Year-to-Date &gt;</b> \$               | <b>Date (month, day, year)</b><br><br>11/02/98<br><br>900.00   | <b>Amount of Each Receipt this Period</b><br><br>800.00                 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br><br>GERALD R. LANE<br>7811 WAYSIDE DR.<br>BATON ROUGE LA 70806<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):          | <b>Name of Employer</b><br><br>GERALD LANE ENTERPRISES<br><br><b>Occupation</b><br>CEO<br><br><b>Aggregate Year-to-Date &gt;</b> \$         | <b>Date (month, day, year)</b><br><br>11/02/98<br><br>500.00   | <b>Amount of Each Receipt this Period</b><br><br>500.00                 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br><br>RENE D. CADE<br>4500 SHERWOOD COMMONS # 107<br>BATON ROUGE LA 70816<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br><br>ENVIRONMENTAL TECHNICAL SALES<br><br><b>Occupation</b><br>SALES<br><br><b>Aggregate Year-to-Date &gt;</b> \$ | <b>Date (month, day, year)</b><br><br>11/02/98<br><br>500.00   | <b>Amount of Each Receipt this Period</b><br><br>500.00                 |

**SUBTOTAL** of Receipts This Page (optional)..... **3,300.00**

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

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## ITEMIZED RECEIPTS

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## NAME OF COMMITTEE (In Full)

McKeithen For Congress

| A. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer            | Date (month, day, year) | Amount of Each Receipt this Period |
|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------|------------------------------------|
| ANN M. WILLIAMSON<br>18680 HARRELS PERRY RD.<br>BATON ROUGE LA 70816                                                                   | SELF                        |                         |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>ATTORNEY      | 11/02/98                |                                    |
|                                                                                                                                        | Aggregate Year-to-Date > \$ | 250.00                  | 250.00                             |
| B. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer            | Date (month, day, year) | Amount of Each Receipt this Period |
| PHYLLIS LANDRIEU<br>2400 ST CHARLES<br>NEW ORLEANS LA 70130                                                                            | TENET                       |                         |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>CONSULTANT    | 11/02/98                |                                    |
|                                                                                                                                        | Aggregate Year-to-Date > \$ | 500.00                  | 250.00                             |
| C. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer            | Date (month, day, year) | Amount of Each Receipt this Period |
| ELOISE YERGER WALL<br>4444 W. LAKESHORE DR.<br>BATON ROUGE LA 70808                                                                    |                             |                         |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>HOMEMAKER     | 11/02/98                |                                    |
|                                                                                                                                        | Aggregate Year-to-Date > \$ | 500.00                  | 250.00                             |
| D. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer            | Date (month, day, year) | Amount of Each Receipt this Period |
| EDNA AYLIFFE LATCHEM<br>1401 KNOTTAWAY<br>ST. GABRIEL LA 70776                                                                         | SELF                        |                         |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>ATTORNEY      | 11/02/98                |                                    |
|                                                                                                                                        | Aggregate Year-to-Date > \$ | 750.00                  | 250.00                             |
| E. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer            | Date (month, day, year) | Amount of Each Receipt this Period |
| TRENTON A. GRAND<br>10634 N. OAKHILLS PRKWAY STE B<br>BATON ROUGE LA 70116                                                             | SELF                        |                         |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>ATTORNEY      | 11/02/98                |                                    |
|                                                                                                                                        | Aggregate Year-to-Date > \$ | 250.00                  | 250.00                             |
| F. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer            | Date (month, day, year) | Amount of Each Receipt this Period |
| CHAREST THIBAUT, III<br>P.O. BOX 36<br>BATON ROUGE LA 70821                                                                            | SELF                        |                         |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>ATTORNEY      | 11/02/98                |                                    |
|                                                                                                                                        | Aggregate Year-to-Date > \$ | 650.00                  | 150.00                             |
| G. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer            | Date (month, day, year) | Amount of Each Receipt this Period |
| BRIAN L. WILLIAMS<br>430 EUROPE ST.<br>BATON ROUGE LA 70802                                                                            | SELF                        |                         |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>ATTORNEY      | 11/02/98                |                                    |
|                                                                                                                                        | Aggregate Year-to-Date > \$ | 250.00                  | 100.00                             |

SUBTOTAL of Receipts This Page (optional)

1,500.00

TOTAL This Period (last page this line number only)

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## NAME OF COMMITTEE (in Full)

McKeithen For Congress

| A. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer            | Date (month, day, year) | Amount of Each Receipt this Period |
|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------|------------------------------------|
| JOHN W. MCKEITHEN<br>RT.1 BOX 5-A<br>GRAYSON LA 71435                                                                                  | SELF                        |                         |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>PHARMACIST    | 11/02/98                |                                    |
|                                                                                                                                        | Aggregate Year-to-Date > \$ | 600.00                  | 100.00                             |
| B. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer            | Date (month, day, year) | Amount of Each Receipt this Period |
| MRS. ALBERT BANKSTON<br>1784 LONGWOOD DR.<br>BATON ROUGE LA 70808                                                                      | BR. PRINTING                |                         |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>OWNER         | 11/02/98                |                                    |
|                                                                                                                                        | Aggregate Year-to-Date > \$ | 500.00                  | 500.00                             |
| C. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer            | Date (month, day, year) | Amount of Each Receipt this Period |
| EULIS SIMIEN<br>137 ALBERT HART<br>BATON ROUGE LA 70808                                                                                | SELF                        |                         |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>ATTORNEY      | 11/02/98                |                                    |
|                                                                                                                                        | Aggregate Year-to-Date > \$ | 840.00                  | 500.00                             |
| D. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer            | Date (month, day, year) | Amount of Each Receipt this Period |
| KEVIN M. BANKSTON<br>2124 RAMSEY<br>BATON ROUGE LA 70808                                                                               | BATON ROUGE PRINTING        |                         |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>PRESIDENT     | 11/02/98                |                                    |
|                                                                                                                                        | Aggregate Year-to-Date > \$ | 1,000.00                | 500.00                             |
| E. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer            | Date (month, day, year) | Amount of Each Receipt this Period |
| FLOYD S. SAIZON, SR.<br>P.O. BOX 64503<br>BATON ROUGE LA 70896                                                                         | SELF                        |                         |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>BUSINESSMAN   | 11/02/98                |                                    |
|                                                                                                                                        | Aggregate Year-to-Date > \$ | 300.00                  | 300.00                             |
| F. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer            | Date (month, day, year) | Amount of Each Receipt this Period |
| ALDEN J. MCDONALD<br>PO BOX 60131<br>NEW ORLEANS LA 70160                                                                              | LIBERTY BANK                |                         |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>CEO           | 11/02/98                |                                    |
|                                                                                                                                        | Aggregate Year-to-Date > \$ | 500.00                  | 500.00                             |
| G. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer            | Date (month, day, year) | Amount of Each Receipt this Period |
| DON R. WILSON<br>PO BOX 883<br>JENA LA 71342                                                                                           | SELF                        |                         |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>ATTORNEY      | 11/02/98                |                                    |
|                                                                                                                                        | Aggregate Year-to-Date > \$ | 250.00                  | 250.00                             |

SUBTOTAL of Receipts This Page (optional)..... 2,650.00

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## NAME OF COMMITTEE (In Full)

McKeithen For Congress

| A. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer                   | Date (month, day, year) | Amount of Each Receipt this Period |
|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------|------------------------------------|
| MARTIN BELANGER<br>5723 BERKLY DR.<br>NEW ORLEANS LA 70131                                                                             | SELF                               |                         |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>MO                   | 11/03/98                |                                    |
|                                                                                                                                        | Aggregate Year-to-Date > \$        | 500.00                  | 500.00                             |
| B. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer                   | Date (month, day, year) | Amount of Each Receipt this Period |
| MARY ALLEN<br>2702 S. MAGNOLIA DR.<br>BAKER LA 70714                                                                                   | BEER INDUSTRY LEAGUE               |                         |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>STATISTICIAN         | 11/03/98                |                                    |
|                                                                                                                                        | Aggregate Year-to-Date > \$        | 500.00                  | 500.00                             |
| C. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer                   | Date (month, day, year) | Amount of Each Receipt this Period |
| ROBERT CUNARD<br>8877 JEFFERSON HWY<br>BATON ROUGE LA 70808                                                                            | SELF                               |                         |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>ATTORNEY             | 11/03/98                |                                    |
|                                                                                                                                        | Aggregate Year-to-Date > \$        | 500.00                  | 500.00                             |
| D. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer                   | Date (month, day, year) | Amount of Each Receipt this Period |
| LAURA L. CASSIDY<br>3115 DALRYMPLE<br>BATON ROUGE LA 70802                                                                             | LSU MEDICAL SCHOOL                 |                         |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>MEDICAL DOCTOR       | 11/03/98                |                                    |
|                                                                                                                                        | Aggregate Year-to-Date > \$        | 500.00                  | 300.00                             |
| E. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer                   | Date (month, day, year) | Amount of Each Receipt this Period |
| JOAN M. VOGEL-TAPP<br>744 FRANCES HARRIET<br>BATON ROUGE LA 70815                                                                      | BE ALCOHOL REHABILITATION          |                         |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>DIRECTOR             | 11/03/98                |                                    |
|                                                                                                                                        | Aggregate Year-to-Date > \$        | 250.00                  | 250.00                             |
| F. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer                   | Date (month, day, year) | Amount of Each Receipt this Period |
| ELIZABETH M. MANGHAM<br>2282 CEDARDALE<br>BATON ROUGE LA 70808                                                                         | SELF                               |                         |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>POLITICAL CONSULTANT | 11/03/98                |                                    |
|                                                                                                                                        | Aggregate Year-to-Date > \$        | 450.00                  | 250.00                             |
| G. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer                   | Date (month, day, year) | Amount of Each Receipt this Period |
| ELIZABETH TRANCHINA<br>669 RAPIDES ST<br>BATON ROUGE LA 70806                                                                          | LA DEPT. OF JUSTICE                |                         |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>ATTORNEY             | 11/03/98                |                                    |
|                                                                                                                                        | Aggregate Year-to-Date > \$        | 253.39                  | 53.39                              |

SUBTOTAL of Receipts This Page (optional) 2,353.39

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

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

McKeithen For Congress

| A. Full Name, Mailing Address and ZIP Code                                                                                                                                                                                                                   | Name of Employer                                                                 | Date (month, day, year)                          | Amount of Each Receipt this Period |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|--------------------------------------------------|------------------------------------|
| EMANUEL ORGANEX<br>2255 GLADES RD.<br>BOCA RATON FL 33431<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                          | CONTINENTAL REALTY CORP.<br>Occupation<br>PRESIDENT                              | 11/03/98<br>Aggregate Year-to-Date > \$ 996.50   | 996.50                             |
| B. Full Name, Mailing Address and ZIP Code<br>CHRISTOPHER D. MATCHETT<br>3236 SVENDSON DR.<br>BATON ROUGE LA 70809<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Name of Employer<br>SELF<br>Occupation<br>ATTORNEY                               | 11/09/98<br>Aggregate Year-to-Date > \$ 1,000.00 | 1,000.00                           |
| C. Full Name, Mailing Address and ZIP Code<br>MICHELLE MCINTYRE<br>16633 STEPHANIE DR.<br>BATON ROUGE LA 70819<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):     | Name of Employer<br>AN. NAT. MORTGAGE GROUP, INC.<br>Occupation<br>ADMINISTRATOR | 11/09/98<br>Aggregate Year-to-Date > \$ 1,000.00 | 1,000.00                           |
| D. Full Name, Mailing Address and ZIP Code<br>DAVID GRIFFIN<br>4207 S. MORVANT<br>BAKER LA 77448<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                   | Name of Employer<br>SELF<br>Occupation<br>BUSINESSMAN                            | 11/16/98<br>Aggregate Year-to-Date > \$ 250.00   | 250.00                             |
| E. Full Name, Mailing Address and ZIP Code<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                                                    | Name of Employer<br>Occupation<br>Aggregate Year-to-Date > \$                    | Date (month, day, year)                          | Amount of Each Receipt this Period |
| F. Full Name, Mailing Address and ZIP Code<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                                                    | Name of Employer<br>Occupation<br>Aggregate Year-to-Date > \$                    | Date (month, day, year)                          | Amount of Each Receipt this Period |
| G. Full Name, Mailing Address and ZIP Code<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                                                    | Name of Employer<br>Occupation<br>Aggregate Year-to-Date > \$                    | Date (month, day, year)                          | Amount of Each Receipt this Period |
| SUBTOTAL of Receipts This Page (optional)                                                                                                                                                                                                                    |                                                                                  |                                                  | 3,246.50                           |
| TOTAL This Period (last page this line number only)                                                                                                                                                                                                          |                                                                                  |                                                  | 66,297.64                          |

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate  
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## NAME OF COMMITTEE (In Full)

McKeithen for Congress Committee, Inc.

C00331249

|                                                                                                                                        |                                                                                                      |                                            |                                    |
|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------|------------------------------------|
| Full Name, Mailing Address and ZIP Code<br><b>A. JOANNE GATES</b><br><b>2210 CALHOUN</b><br><b>NEW ORLEANS LA 70118</b>                | Name of Employer<br><br>Occupation<br><b>MD</b>                                                      | Date (month, day, year)<br><b>11/2/98</b>  | Amount of Each Receipt this period |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date >                                                                             | <b>\$200.00</b>                            | <b>\$200.00</b>                    |
| Full Name, Mailing Address and ZIP Code<br><b>A. LANE PLAUCHE</b><br><b>P.O. DRAWER 1705</b><br><b>LAKE CHARLES LA 70602</b>           | Name of Employer<br><br>Occupation<br><b>RETIRED</b>                                                 | Date (month, day, year)<br><b>10/16/98</b> | Amount of Each Receipt this period |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date >                                                                             | <b>\$100.00</b>                            | <b>\$100.00</b>                    |
| Full Name, Mailing Address and ZIP Code<br><b>ALBERT J. CHAPMAN, JR.</b><br><b>8241 PERKINS RD.</b><br><b>BATON ROUGE LA 70810</b>     | Name of Employer<br><b>TRANSWORLD GROUP</b><br><br>Occupation<br><b>CONSULTANT, BROKER, TRADER</b>   | Date (month, day, year)<br><b>10/20/98</b> | Amount of Each Receipt this period |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date >                                                                             | <b>\$25.00</b>                             | <b>\$25.00</b>                     |
| Full Name, Mailing Address and ZIP Code<br><b>AUDREY NABORS JACKSON</b><br><b>23990 REAMES RD.</b><br><b>ZACHARY LA 70791</b>          | Name of Employer<br><b>NABORS BID TABULATION SERVICE</b><br><br>Occupation<br><b>OWNER/PRESIDENT</b> | Date (month, day, year)<br><b>10/16/98</b> | Amount of Each Receipt this period |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date >                                                                             | <b>\$25.00</b>                             | <b>\$25.00</b>                     |
| Full Name, Mailing Address and ZIP Code<br><b>BARBARA N. MOWAD</b><br><b>1526 LOBDELL AVE.</b><br><b>BATON ROUGE LA 70806</b>          | Name of Employer<br><b>INSURANCE ASSC.</b><br><br>Occupation<br><b>INSURANCE</b>                     | Date (month, day, year)<br><b>11/2/98</b>  | Amount of Each Receipt this period |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date >                                                                             | <b>\$200.00</b>                            | <b>\$100.00</b>                    |
| Full Name, Mailing Address and ZIP Code<br><b>BEVERLY J. ETHRIDGE</b><br><b>P.O. BOX 161</b><br><b>BATON ROUGE LA 70821</b>            | Name of Employer<br><br>Occupation                                                                   | Date (month, day, year)<br><b>10/19/98</b> | Amount of Each Receipt this period |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date >                                                                             | <b>\$25.00</b>                             | <b>\$25.00</b>                     |
| Full Name, Mailing Address and ZIP Code<br><b>BILL MEYERER</b><br><b>2613 W. HIGHMEADOW</b><br><b>BATON ROUGE LA 70816</b>             | Name of Employer<br><br>Occupation<br><b>RETIRED</b>                                                 | Date (month, day, year)<br><b>10/26/98</b> | Amount of Each Receipt this period |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date >                                                                             | <b>\$100.00</b>                            | <b>\$50.00</b>                     |
| SUBTOTAL of Receipts This Page (optional)                                                                                              |                                                                                                      |                                            |                                    |
| TOTAL This Period (last page this line number only)                                                                                    |                                                                                                      |                                            |                                    |



## SCHEDULE A

## ITEMIZED RECEIPTS

 Use separate  
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## NAME OF COMMITTEE (In Full)

McKeithen for Congress Committee, Inc.

C00331249

| Full Name, Mailing Address and ZIP Code                                                                                                | Name of Employer                   | Date (month, day, year) | Amount of Each Receipt this period |
|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------|------------------------------------|
| <b>BILLY D'QUILLA</b><br>11936 FERDINAND<br>ST. FRANCISVILLE LA 70775                                                                  | <b>CITY OF ST. FRANCISVILLE</b>    |                         |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br><b>MAYOR</b>         | <b>10/16/98</b>         |                                    |
|                                                                                                                                        | Aggregate Year-to-Date >           | <b>\$100.00</b>         | <b>\$100.00</b>                    |
| <b>BILLY HAGAN</b><br>P.O. BOX 53848<br>LAFAYETTE LA 70505                                                                             | <b>SELF</b>                        |                         |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br><b>BUSINESS MAN</b>  | <b>10/16/98</b>         |                                    |
|                                                                                                                                        | Aggregate Year-to-Date >           | <b>\$200.00</b>         | <b>\$200.00</b>                    |
| <b>BUMPY TRICHE</b><br>4161 HWY. 1 APT. B<br>NAPOLSENVILLE LA 70390                                                                    | <b>DEPT. OF INSURANCE</b>          |                         |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br><b>ADMINISTRATOR</b> | <b>10/28/98</b>         |                                    |
|                                                                                                                                        | Aggregate Year-to-Date >           | <b>\$100.00</b>         | <b>\$100.00</b>                    |
| <b>CALVIN MYERS</b><br>222 RUSTY LN.<br>MONROE LA 71203                                                                                |                                    |                         |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation                         | <b>10/23/98</b>         |                                    |
|                                                                                                                                        | Aggregate Year-to-Date >           | <b>\$100.00</b>         | <b>\$100.00</b>                    |
| <b>CASEY MCCOUN</b><br>SUMMERS RD<br>BATON ROUGE LA 70808                                                                              | <b>LA CAP FEDERAL CREDIT UNION</b> |                         |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br><b>ADMINISTRATOR</b> | <b>10/23/98</b>         |                                    |
|                                                                                                                                        | Aggregate Year-to-Date >           | <b>\$100.00</b>         | <b>\$100.00</b>                    |
| <b>CHRIS CRAFT</b><br>100 WOODDALE<br>BATON ROUGE LA 70806                                                                             |                                    |                         |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation                         | <b>11/3/98</b>          |                                    |
|                                                                                                                                        | Aggregate Year-to-Date >           | <b>\$100.00</b>         | <b>\$100.00</b>                    |
| <b>CHRISTINA C. ARAB</b><br>2210 CHRISTIAN ST #20<br>BATON ROUGE LA 70808                                                              |                                    |                         |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation                         | <b>10/21/98</b>         |                                    |
|                                                                                                                                        | Aggregate Year-to-Date >           | <b>\$50.00</b>          | <b>\$50.00</b>                     |
| SUBTOTAL of Receipts This Page (optional)                                                                                              |                                    |                         |                                    |
| TOTAL This Period (last page this line number only)                                                                                    |                                    |                         |                                    |

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate  
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## NAME OF COMMITTEE (In Full)

McKeithen for Congress Committee, Inc.

C00331249

|                                                                                                                                        |                                                                                                                           |                                            |                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------|
| Full Name, Mailing Address and ZIP Code<br><b>CHRISTINE MATHER</b><br><b>5451 ESSEN LN</b><br><b>BATON ROUGE LA 70808</b>              | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > <b>\$50.00</b>                                         | Date (month, day, year)<br><b>10/28/98</b> | Amount of Each Receipt this period<br><b>\$50.00</b>  |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): |                                                                                                                           |                                            |                                                       |
| Full Name, Mailing Address and ZIP Code<br><b>CLEVELAND JACKSON</b><br><b>18071 HWY. 933</b><br><b>PRAIRIEVILLE LA 70769</b>           | Name of Employer<br><b>JACKSON TRAILER PARK</b><br>Occupation<br><b>OWNER</b><br>Aggregate Year-to-Date > <b>\$100.00</b> | Date (month, day, year)<br><b>11/2/98</b>  | Amount of Each Receipt this period<br><b>\$100.00</b> |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): |                                                                                                                           |                                            |                                                       |
| Full Name, Mailing Address and ZIP Code<br><b>CONSTANCE MCCANTS</b><br><b>P.O. BOX 969</b><br><b>COLUMBIA LA 71418</b>                 | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > <b>\$100.00</b>                                        | Date (month, day, year)<br><b>10/28/98</b> | Amount of Each Receipt this period<br><b>\$100.00</b> |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): |                                                                                                                           |                                            |                                                       |
| Full Name, Mailing Address and ZIP Code<br><b>DANIEL J. NAIL</b><br><b>P.O. BOX 609</b><br><b>NAPOLÉONVILLE LA 70390</b>               | Name of Employer<br><b>SELF</b><br>Occupation<br><b>ATTORNEY</b><br>Aggregate Year-to-Date > <b>\$300.00</b>              | Date (month, day, year)<br><b>10/26/98</b> | Amount of Each Receipt this period<br><b>\$200.00</b> |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): |                                                                                                                           |                                            |                                                       |
| Full Name, Mailing Address and ZIP Code<br><b>DARRYL M. PHILLIPS</b><br><b>4039 PALM ST.</b><br><b>BATON ROUGE LA 70808</b>            | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > <b>\$100.00</b>                                        | Date (month, day, year)<br><b>11/2/98</b>  | Amount of Each Receipt this period<br><b>\$100.00</b> |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): |                                                                                                                           |                                            |                                                       |
| Full Name, Mailing Address and ZIP Code<br><b>DAVID J. HALPERN</b><br><b>3900 CAUSEWAY</b><br><b>NEW ORLEANS LA 70002</b>              | Name of Employer<br><b>SELF</b><br>Occupation<br><b>ATTORNEY</b><br>Aggregate Year-to-Date > <b>\$100.00</b>              | Date (month, day, year)<br><b>11/2/98</b>  | Amount of Each Receipt this period<br><b>\$100.00</b> |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): |                                                                                                                           |                                            |                                                       |
| Full Name, Mailing Address and ZIP Code<br><b>DEBORAH J. THOMAS</b><br><b>6513 PERKINS RD</b><br><b>BATON ROUGE LA 70808</b>           | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > <b>\$100.00</b>                                        | Date (month, day, year)<br><b>11/2/98</b>  | Amount of Each Receipt this period<br><b>\$100.00</b> |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): |                                                                                                                           |                                            |                                                       |
| SUBTOTAL of Receipts This Page (optional)                                                                                              |                                                                                                                           |                                            |                                                       |
| TOTAL This Period (last page this line number only)                                                                                    |                                                                                                                           |                                            |                                                       |

## SCHEDULE A

## ITEMIZED RECEIPTS

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## NAME OF COMMITTEE (In Full)

McKeithen for Congress Committee, Inc.

C00331249

|                                                                                                                                        |                                                    |                                             |                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|---------------------------------------------|-------------------------------------------------------|
| Full Name, Mailing Address and ZIP Code<br><b>DENISE VINET</b><br><b>11817 BRICKSOME AVE. STE A</b><br><b>BATON ROUGE LA 70816</b>     | Name of Employer<br><b>SELF</b>                    | Date (month, day, year)<br><b>10/23/98</b>  | Amount of Each Receipt this period<br><b>\$200.00</b> |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br><b>ATTORNEY</b>                      | Aggregate Year-to-Date ><br><b>\$200.00</b> |                                                       |
| Full Name, Mailing Address and ZIP Code<br><b>DIANE SAADI</b><br><b>222 TIGERTAIL</b><br><b>HOUMA LA 70064</b>                         | Name of Employer<br><b>BIKON PIPELINE CO.</b>      | Date (month, day, year)<br><b>10/28/98</b>  | Amount of Each Receipt this period<br><b>\$50.00</b>  |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br><b>ADMINISTRATOR</b>                 | Aggregate Year-to-Date ><br><b>\$150.00</b> |                                                       |
| Full Name, Mailing Address and ZIP Code<br><b>DONALD J. CAZAYOUX, JR.</b><br><b>PO BOX 156</b><br><b>NEW ROADS LA 70760</b>            | Name of Employer<br><b>SELF</b>                    | Date (month, day, year)<br><b>11/3/98</b>   | Amount of Each Receipt this period<br><b>\$100.00</b> |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br><b>ATTORNEY</b>                      | Aggregate Year-to-Date ><br><b>\$100.00</b> |                                                       |
| Full Name, Mailing Address and ZIP Code<br><b>EDWARD LOUIS NEWSHAM</b><br><b>5201 HEATHROW HILLS DR.</b><br><b>BRENTWOOD TN 37027</b>  | Name of Employer                                   | Date (month, day, year)<br><b>10/23/98</b>  | Amount of Each Receipt this period<br><b>\$100.00</b> |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation                                         | Aggregate Year-to-Date ><br><b>\$100.00</b> |                                                       |
| Full Name, Mailing Address and ZIP Code<br><b>ELAINE DAVIS</b><br><b>4312 AZIE AVE</b><br><b>BAKER LA 70714</b>                        | Name of Employer<br><b>ZBB PARKER SCHOOL BOARD</b> | Date (month, day, year)<br><b>10/28/98</b>  | Amount of Each Receipt this period<br><b>\$100.00</b> |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br><b>CONSULTANT</b>                    | Aggregate Year-to-Date ><br><b>\$100.00</b> |                                                       |
| Full Name, Mailing Address and ZIP Code<br><b>ELEANOR P. COLE</b><br><b>9324 WOODBINE</b><br><b>BATON ROUGE LA 70815</b>               | Name of Employer                                   | Date (month, day, year)<br><b>10/21/98</b>  | Amount of Each Receipt this period<br><b>\$25.00</b>  |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation                                         | Aggregate Year-to-Date ><br><b>\$25.00</b>  |                                                       |
| Full Name, Mailing Address and ZIP Code<br><b>ERIN MCCALL ALLEY</b><br><b>907 - 6TH ST</b><br><b>LAKE CHARLES LA 70601</b>             | Name of Employer<br><b>SELF</b>                    | Date (month, day, year)<br><b>10/23/98</b>  | Amount of Each Receipt this period<br><b>\$150.00</b> |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br><b>ATTORNEY</b>                      | Aggregate Year-to-Date ><br><b>\$150.00</b> |                                                       |
| SUBTOTAL of Receipts This Page (optional)                                                                                              |                                                    |                                             |                                                       |
| TOTAL This Period (last page this line number only)                                                                                    |                                                    |                                             |                                                       |

## SCHEDULE A

## ITEMIZED RECEIPTS

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## NAME OF COMMITTEE (In Full)

McKeithen for Congress Committee, Inc.

C00331249

|                                                                                                                                           |                                                                      |                                            |                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------|
| Full Name, Mailing Address and ZIP Code<br><b>ERNEST L. EDWARDS</b><br><b>601 POYDRAS STE 2100</b><br><b>NEW ORLEANS LA 70130</b>         | Name of Employer<br><br>Occupation                                   | Date (month, day, year)<br><b>11/3/98</b>  | Amount of Each Receipt this period<br><b>\$100.00</b> |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):    | Aggregate Year-to-Date > <b>\$100.00</b>                             |                                            |                                                       |
| Full Name, Mailing Address and ZIP Code<br><b>EUGENE J. BRAUD</b><br><b>12312 RAYMOND BRAUD RD</b><br><b>GONZALES LA 70737</b>            | Name of Employer<br><br>Occupation<br><b>RETIRED</b>                 | Date (month, day, year)<br><b>10/28/98</b> | Amount of Each Receipt this period<br><b>\$25.00</b>  |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):    | Aggregate Year-to-Date > <b>\$25.00</b>                              |                                            |                                                       |
| Full Name, Mailing Address and ZIP Code<br><b>EUGENE RESTER</b><br><b>1801 MUNSON DR.</b><br><b>SLAUGHTER LA 70777</b>                    | Name of Employer<br><br>Occupation                                   | Date (month, day, year)<br><b>11/16/98</b> | Amount of Each Receipt this period<br><b>\$25.00</b>  |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):    | Aggregate Year-to-Date > <b>\$25.00</b>                              |                                            |                                                       |
| Full Name, Mailing Address and ZIP Code<br><b>FRANCES GREGORY</b><br><b>PO BOX 1238</b><br><b>COLUMBIA LA 71418</b>                       | Name of Employer<br><br>Occupation                                   | Date (month, day, year)<br><b>11/9/98</b>  | Amount of Each Receipt this period<br><b>\$50.00</b>  |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):    | Aggregate Year-to-Date > <b>\$50.00</b>                              |                                            |                                                       |
| Full Name, Mailing Address and ZIP Code<br><b>FRANCIS JENKINS</b><br><b>818 WHEATLEAF DR.</b><br><b>BATON ROUGE LA 70810</b>              | Name of Employer<br><br>Occupation<br><b>BOOKMAKER</b>               | Date (month, day, year)<br><b>10/28/98</b> | Amount of Each Receipt this period<br><b>\$100.00</b> |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):    | Aggregate Year-to-Date > <b>\$100.00</b>                             |                                            |                                                       |
| Full Name, Mailing Address and ZIP Code<br><b>FRED G. BENTON</b><br><b>601 ST. FERDINAND ST.</b><br><b>BATON ROUGE LA 70802</b>           | Name of Employer<br><b>SELF</b><br><br>Occupation<br><b>ATTORNEY</b> | Date (month, day, year)<br><b>10/23/98</b> | Amount of Each Receipt this period<br><b>\$100.00</b> |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):    | Aggregate Year-to-Date > <b>\$200.00</b>                             |                                            |                                                       |
| Full Name, Mailing Address and ZIP Code<br><b>FREDERICK E. HACKLEY</b><br><b>9985 GREENWELL SPRING RD.</b><br><b>BATON ROUGE LA 70814</b> | Name of Employer<br><br>Occupation                                   | Date (month, day, year)<br><b>10/28/98</b> | Amount of Each Receipt this period<br><b>\$150.00</b> |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):    | Aggregate Year-to-Date > <b>\$150.00</b>                             |                                            |                                                       |

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

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

McKeithen for Congress Committee, Inc.

C00331249

| Full Name, Mailing Address and ZIP Code                                                                                                | Name of Employer              | Date (month, day, year) | Amount of Each Receipt this period |
|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------|------------------------------------|
| GATIES HARRIS<br>367 HWY 63<br>CLINTON LA 70722                                                                                        | Occupation                    | 11/2/98                 |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date >      | \$100.00                | \$100.00                           |
| Full Name, Mailing Address and ZIP Code                                                                                                | Name of Employer              | Date (month, day, year) | Amount of Each Receipt this period |
| GERALD E. MEUNIER<br>296 WALNUT ST.<br>NEW ORLEANS LA 70118                                                                            | GAINSBORGE BENJAMIN           | 10/28/98                |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>ATTORNEY        | 10/28/98                |                                    |
|                                                                                                                                        | Aggregate Year-to-Date >      | \$200.00                | \$200.00                           |
| Full Name, Mailing Address and ZIP Code                                                                                                | Name of Employer              | Date (month, day, year) | Amount of Each Receipt this period |
| GERI HATCHER CURRY<br>1456 LAKERIDGE DR.<br>BATON ROUGE LA 70802                                                                       | Occupation                    | 10/21/98                |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date >      | \$25.00                 | \$25.00                            |
| Full Name, Mailing Address and ZIP Code                                                                                                | Name of Employer              | Date (month, day, year) | Amount of Each Receipt this period |
| GLEN D. WILLIAMS<br>41428 GLEN WILLIAMS RD.<br>GONZALES LA 70737                                                                       | Occupation                    | 10/30/98                |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date >      | \$150.00                | \$150.00                           |
| Full Name, Mailing Address and ZIP Code                                                                                                | Name of Employer              | Date (month, day, year) | Amount of Each Receipt this period |
| GLEN JENKINS<br>12260 INDUSTRIALPLEX<br>BATON ROUGE LA 70810                                                                           | JENKINS TILE                  | 10/28/98                |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>OWNER           | 10/28/98                |                                    |
|                                                                                                                                        | Aggregate Year-to-Date >      | \$100.00                | \$100.00                           |
| Full Name, Mailing Address and ZIP Code                                                                                                | Name of Employer              | Date (month, day, year) | Amount of Each Receipt this period |
| GLEN T. WARNER<br>P.O. BOX 217<br>COLUMBIA LA 71418                                                                                    | STATE FARM                    | 10/26/98                |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>INSURANCE AGENT | 10/26/98                |                                    |
|                                                                                                                                        | Aggregate Year-to-Date >      | \$100.00                | \$100.00                           |
| Full Name, Mailing Address and ZIP Code                                                                                                | Name of Employer              | Date (month, day, year) | Amount of Each Receipt this period |
| GREG MCCOON<br>SUMMERS RD<br>BATON ROUGE LA 70808                                                                                      | ALLIED SIGNAL                 | 10/23/98                |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br>CHEMICAL ENGR   | 10/23/98                |                                    |
|                                                                                                                                        | Aggregate Year-to-Date >      | \$50.00                 | \$50.00                            |
| SUBTOTAL of Receipts This Page (optional)                                                                                              |                               |                         |                                    |
| TOTAL This Period (last page this line number only)                                                                                    |                               |                         |                                    |

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

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

McKeithen for Congress Committee, Inc.

C00331249

|                                                                                                                                        |                                                                                                                                      |                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| Full Name, Mailing Address and ZIP Code<br><b>GRETCHEN GOODRICH</b><br><b>7952 A. WRENWOOD BLVD</b><br><b>BATON ROUGE LA 70809</b>     | Name of Employer<br><br>Occupation<br><br>Date (month, day, year)<br><b>10/21/98</b>                                                 | Amount of Each Receipt this period<br><br>Aggregate Year-to-Date > <b>\$150.00</b> |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): |                                                                                                                                      |                                                                                    |
| Full Name, Mailing Address and ZIP Code<br><b>H. C. PECK</b><br><b>P.O. BOX 397</b><br><b>SICILY ISLAND LA 71368</b>                   | Name of Employer<br><b>SELF</b><br><br>Occupation<br><b>FARMER</b><br><br>Date (month, day, year)<br><b>10/23/98</b>                 | Amount of Each Receipt this period<br><br>Aggregate Year-to-Date > <b>\$100.00</b> |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): |                                                                                                                                      |                                                                                    |
| Full Name, Mailing Address and ZIP Code<br><b>HAZEL HARDY</b><br><b>1227 BECENHAM</b><br><b>BATON ROUGE LA 70808</b>                   | Name of Employer<br><br>Occupation<br><br>Date (month, day, year)<br><b>10/21/98</b>                                                 | Amount of Each Receipt this period<br><br>Aggregate Year-to-Date > <b>\$50.00</b>  |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): |                                                                                                                                      |                                                                                    |
| Full Name, Mailing Address and ZIP Code<br><b>HENRY M. LAMBERT</b><br><b>333 JULIA ST.</b><br><b>NEW ORLEANS LA 70130</b>              | Name of Employer<br><b>SELF</b><br><br>Occupation<br><b>DEVELOPER</b><br><br>Date (month, day, year)<br><b>11/3/98</b>               | Amount of Each Receipt this period<br><br>Aggregate Year-to-Date > <b>\$100.00</b> |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): |                                                                                                                                      |                                                                                    |
| Full Name, Mailing Address and ZIP Code<br><b>IRVING J. WARSHAUER</b><br><b>1100 POYDRAS ST.</b><br><b>NEW ORLEANS LA 70163</b>        | Name of Employer<br><b>GAINSBURG BENJAMIN</b><br><br>Occupation<br><b>ATTORNEY</b><br><br>Date (month, day, year)<br><b>10/28/98</b> | Amount of Each Receipt this period<br><br>Aggregate Year-to-Date > <b>\$100.00</b> |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): |                                                                                                                                      |                                                                                    |
| Full Name, Mailing Address and ZIP Code<br><b>J. TRACY MITCHELL</b><br><b>251 FLORIDA ST.</b><br><b>BATON ROUGE LA 70801</b>           | Name of Employer<br><b>SELF</b><br><br>Occupation<br><b>ATTORNEY</b><br><br>Date (month, day, year)<br><b>11/3/98</b>                | Amount of Each Receipt this period<br><br>Aggregate Year-to-Date > <b>\$100.00</b> |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): |                                                                                                                                      |                                                                                    |
| Full Name, Mailing Address and ZIP Code<br><b>JACK O. BRITTAIN</b><br><b>113 E. 5TH</b><br><b>NATCHITOCHES LA 71457</b>                | Name of Employer<br><b>SELF</b><br><br>Occupation<br><b>ATTORNEY</b><br><br>Date (month, day, year)<br><b>10/26/98</b>               | Amount of Each Receipt this period<br><br>Aggregate Year-to-Date > <b>\$200.00</b> |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): |                                                                                                                                      |                                                                                    |
| SUBTOTAL of Receipts This Page (optional)                                                                                              |                                                                                                                                      |                                                                                    |
| TOTAL This Period (last page this line number only)                                                                                    |                                                                                                                                      |                                                                                    |

## SCHEDULE A

## ITEMIZED RECEIPTS

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## NAME OF COMMITTEE (In Full)

McKeithen for Congress Committee, Inc.

C00331249

|                                                                                                                                        |                                              |                                            |                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|--------------------------------------------|-------------------------------------------------------|
| Full Name, Mailing Address and ZIP Code<br><b>JEFFERY L. SANFORD</b><br><b>4573 MINOSA</b><br><b>BATON ROUGE LA 70808</b>              | Name of Employer<br><b>SANFORD AND ASSC.</b> | Date (month, day, year)<br><b>10/30/98</b> | Amount of Each Receipt this period<br><b>\$150.00</b> |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br><b>ATTORNEY</b>                | Aggregate Year-to-Date > <b>\$150.00</b>   |                                                       |
| Full Name, Mailing Address and ZIP Code<br><b>JENNIFER L. SMALL</b><br><b>1503 STANFORD AVE.</b><br><b>BATON ROUGE LA 70808</b>        | Name of Employer                             | Date (month, day, year)<br><b>10/28/98</b> | Amount of Each Receipt this period<br><b>\$100.00</b> |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br><b>X-RAY TECHNICIAN</b>        | Aggregate Year-to-Date > <b>\$100.00</b>   |                                                       |
| Full Name, Mailing Address and ZIP Code<br><b>JENNIFER TRICHE</b><br><b>4616 HWY 1 APT. B</b><br><b>NAPOLÉONVILLE LA 70390</b>         | Name of Employer<br><b>GENERAL HEALTH</b>    | Date (month, day, year)<br><b>11/2/98</b>  | Amount of Each Receipt this period<br><b>\$100.00</b> |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br><b>X-RAY TECHNICIAN</b>        | Aggregate Year-to-Date > <b>\$100.00</b>   |                                                       |
| Full Name, Mailing Address and ZIP Code<br><b>JOHN B. FATHEREE</b><br><b>303 RENEE AVE.</b><br><b>LAFAYETTE LA 70503</b>               | Name of Employer                             | Date (month, day, year)<br><b>10/16/98</b> | Amount of Each Receipt this period<br><b>\$50.00</b>  |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br><b>OIL BUSINESS</b>            | Aggregate Year-to-Date > <b>\$50.00</b>    |                                                       |
| Full Name, Mailing Address and ZIP Code<br><b>JOHN B. LAMBREMONT, SR.</b><br><b>619 JEFFERSON HWY</b><br><b>BATON ROUGE LA 70806</b>   | Name of Employer<br><b>SELF</b>              | Date (month, day, year)<br><b>10/16/98</b> | Amount of Each Receipt this period<br><b>\$100.00</b> |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br><b>ATTORNEY</b>                | Aggregate Year-to-Date > <b>\$100.00</b>   |                                                       |
| Full Name, Mailing Address and ZIP Code<br><b>JUDY S. FARMER</b><br><b>P.O. BOX 878</b><br><b>BOGALUSA LA 70427</b>                    | Name of Employer                             | Date (month, day, year)<br><b>10/28/98</b> | Amount of Each Receipt this period<br><b>\$100.00</b> |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation                                   | Aggregate Year-to-Date > <b>\$100.00</b>   |                                                       |
| Full Name, Mailing Address and ZIP Code<br><b>KELLY POPE</b><br><b>650 MAXINE DR.</b><br><b>BATON ROUGE LA 70808</b>                   | Name of Employer                             | Date (month, day, year)<br><b>10/30/98</b> | Amount of Each Receipt this period<br><b>\$50.00</b>  |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br><b>STUDENT</b>                 | Aggregate Year-to-Date > <b>\$50.00</b>    |                                                       |
| SUBTOTAL of Receipts This Page (optional)                                                                                              |                                              |                                            |                                                       |
| TOTAL This Period (last page this line number only)                                                                                    |                                              |                                            |                                                       |

## SCHEDULE A

## ITEMIZED RECEIPTS

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## NAME OF COMMITTEE (In Full)

McKeithen for Congress Committee, Inc.

C00331249

|                                                                                                                                        |                                                                                       |                                            |                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------|
| Full Name, Mailing Address and ZIP Code<br><b>KEN JACKSON</b><br><b>108 E. CENTRAL DR.</b><br><b>COLUMBIA LA 71418</b>                 | Name of Employer<br><br>Occupation                                                    | Date (month, day, year)<br><b>11/2/98</b>  | Amount of Each Receipt this period<br><b>\$100.00</b> |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date >                                                              | <b>\$100.00</b>                            |                                                       |
| Full Name, Mailing Address and ZIP Code<br><b>KENNETH DUTRUCH</b><br><b>7600 GRIFF AVE.</b><br><b>BATON ROUGE LA 70820</b>             | Name of Employer<br><b>PROFESSIONAL ENGINEERING CO.</b><br>Occupation<br><b>OWNER</b> | Date (month, day, year)<br><b>10/27/98</b> | Amount of Each Receipt this period<br><b>\$200.00</b> |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date >                                                              | <b>\$200.00</b>                            |                                                       |
| Full Name, Mailing Address and ZIP Code<br><b>KIMBERLY GAYLE HOOVER</b><br><b>5116 HIGHLAND #23</b><br><b>BATON ROUGE LA 70808</b>     | Name of Employer<br><br>Occupation                                                    | Date (month, day, year)<br><b>10/23/98</b> | Amount of Each Receipt this period<br><b>\$25.00</b>  |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date >                                                              | <b>\$25.00</b>                             |                                                       |
| Full Name, Mailing Address and ZIP Code<br><b>LEONARD L. LEVENSON</b><br><b>363 OPAL ST.</b><br><b>NEW ORLEANS LA 70124</b>            | Name of Employer<br><b>SELF</b><br>Occupation<br><b>ATTORNEY</b>                      | Date (month, day, year)<br><b>10/23/98</b> | Amount of Each Receipt this period<br><b>\$50.00</b>  |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date >                                                              | <b>\$50.00</b>                             |                                                       |
| Full Name, Mailing Address and ZIP Code<br><b>LINUS CARROLL</b><br><b>P.O. BOX 959</b><br><b>COLUMBIA LA 71418</b>                     | Name of Employer<br><b>SELF</b><br>Occupation<br><b>MD</b>                            | Date (month, day, year)<br><b>10/28/98</b> | Amount of Each Receipt this period<br><b>\$200.00</b> |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date >                                                              | <b>\$200.00</b>                            |                                                       |
| Full Name, Mailing Address and ZIP Code<br><b>LLOYD N. FRISCHHERTZ</b><br><b>1130 ST. CHARLES AVE.</b><br><b>NEW ORLEANS LA 70130</b>  | Name of Employer<br><b>SELF</b><br>Occupation<br><b>ATTORNEY</b>                      | Date (month, day, year)<br><b>11/16/98</b> | Amount of Each Receipt this period<br><b>\$200.00</b> |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date >                                                              | <b>\$200.00</b>                            |                                                       |
| Full Name, Mailing Address and ZIP Code<br><b>LYNDON K. BOOZER</b><br><b>1915 KALORAMA RD. NW 401</b><br><b>WASHINGTON DC 20009</b>    | Name of Employer<br><b>BELLSOUTH</b><br>Occupation<br><b>SD PUBLIC RELATIONS</b>      | Date (month, day, year)<br><b>10/30/98</b> | Amount of Each Receipt this period<br><b>\$100.00</b> |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date >                                                              | <b>\$100.00</b>                            |                                                       |
| SUBTOTAL of Receipts This Page (optional)                                                                                              |                                                                                       |                                            |                                                       |
| TOTAL This Period (last page this line number only)                                                                                    |                                                                                       |                                            |                                                       |



## SCHEDULE A

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## NAME OF COMMITTEE (In Full)

McKeithen for Congress Committee, Inc.

C00331249

|                                                                                                                                        |                                                                                              |                                            |                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------|
| Full Name, Mailing Address and ZIP Code<br><b>M.E. BOOKER SIEFKEN</b><br><b>40 KILLDEER ST.</b><br><b>NEW ORLEANS LA 70124</b>         | Name of Employer<br><br>Occupation<br><b>HOUSEKEEPER</b>                                     | Date (month, day, year)<br><b>11/9/98</b>  | Amount of Each Receipt this period<br><b>\$100.00</b> |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date >                                                                     | <b>\$100.00</b>                            | <b>\$100.00</b>                                       |
| Full Name, Mailing Address and ZIP Code<br><b>MACK B. JOHNSON, SR.</b><br><b>1607 MAIN ST.</b><br><b>BATON ROUGE LA 70802</b>          | Name of Employer<br><b>MACK B. JOHNSON CO.</b><br><br>Occupation<br><b>OWNER</b>             | Date (month, day, year)<br><b>11/2/98</b>  | Amount of Each Receipt this period<br><b>\$100.00</b> |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date >                                                                     | <b>\$100.00</b>                            | <b>\$100.00</b>                                       |
| Full Name, Mailing Address and ZIP Code<br><b>MARION C. DAY</b><br><b>724 DRUID CIRCLE</b><br><b>BATON ROUGE LA 70808</b>              | Name of Employer<br><br>Occupation                                                           | Date (month, day, year)<br><b>10/26/98</b> | Amount of Each Receipt this period<br><b>\$150.00</b> |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date >                                                                     | <b>\$150.00</b>                            | <b>\$150.00</b>                                       |
| Full Name, Mailing Address and ZIP Code<br><b>MARY ANN STERNBERG</b><br><b>P.O. BOX 67005</b><br><b>BATON ROUGE LA 70896</b>           | Name of Employer<br><b>SELF</b><br><br>Occupation<br><b>BUSINESS</b>                         | Date (month, day, year)<br><b>10/21/98</b> | Amount of Each Receipt this period<br><b>\$150.00</b> |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date >                                                                     | <b>\$150.00</b>                            | <b>\$150.00</b>                                       |
| Full Name, Mailing Address and ZIP Code<br><b>MATTHEW T. BUTLER</b><br><b>3836 MONTICELLO BLVD</b><br><b>BATON ROUGE LA 70814</b>      | Name of Employer<br><b>WOODWARD CLYDE CONSULTANTS</b><br><br>Occupation<br><b>CONSULTANT</b> | Date (month, day, year)<br><b>10/28/98</b> | Amount of Each Receipt this period<br><b>\$50.00</b>  |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date >                                                                     | <b>\$150.00</b>                            | <b>\$50.00</b>                                        |
| Full Name, Mailing Address and ZIP Code<br><b>MICHAEL P. SMITH</b><br><b>18023 INVERNESS</b><br><b>BATON ROUGE LA 70810</b>            | Name of Employer<br><b>LA DEPT. OF JUSTICE</b><br><br>Occupation<br><b>ATTORNEY</b>          | Date (month, day, year)<br><b>10/28/98</b> | Amount of Each Receipt this period<br><b>\$25.00</b>  |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date >                                                                     | <b>\$25.00</b>                             | <b>\$25.00</b>                                        |
| Full Name, Mailing Address and ZIP Code<br><b>MICHELLE D. DUNCAN</b><br><b>8344 COMITE DR.</b><br><b>BAKER LA 70714</b>                | Name of Employer<br><b>SELF</b><br><br>Occupation<br><b>ATTORNEY</b>                         | Date (month, day, year)<br><b>10/26/98</b> | Amount of Each Receipt this period<br><b>\$150.00</b> |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date >                                                                     | <b>\$150.00</b>                            | <b>\$150.00</b>                                       |
| SUBTOTAL of Receipts This Page (optional)                                                                                              |                                                                                              |                                            |                                                       |
| TOTAL This Period (last page this line number only)                                                                                    |                                                                                              |                                            |                                                       |

## SCHEDULE A

## ITEMIZED RECEIPTS

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

McKeithen for Congress Committee, Inc.

C00331249

|                                                                                                                                        |                                                      |                                            |                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|--------------------------------------------|-----------------------------------------------------------|
| Full Name, Mailing Address and ZIP Code<br><b>MICHELLE R. HOOVER</b><br><b>5031 PARKHOLLOW</b><br><b>BATON ROUGE LA 70816</b>          | Name of Employer<br><br>Occupation                   | Date (month, day, year)<br><b>10/23/98</b> | Amount of Each Receipt this period<br><br><b>\$25.00</b>  |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date >                             | <b>\$25.00</b>                             | <b>\$25.00</b>                                            |
| Full Name, Mailing Address and ZIP Code<br><b>MONTY B. ADAMS</b><br><b>105 CHERRY ST.</b><br><b>COLUMBIA LA 71418</b>                  | Name of Employer<br><br>Occupation                   | Date (month, day, year)<br><b>10/16/98</b> | Amount of Each Receipt this period<br><br><b>\$50.00</b>  |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date >                             | <b>\$50.00</b>                             | <b>\$50.00</b>                                            |
| Full Name, Mailing Address and ZIP Code<br><b>MORRIS EAST</b><br><b>1322 BECKENHAM</b><br><b>BATON ROUGE LA 70808</b>                  | Name of Employer<br><br>Occupation<br><b>RETIRED</b> | Date (month, day, year)<br><b>10/20/98</b> | Amount of Each Receipt this period<br><br><b>\$200.00</b> |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date >                             | <b>\$200.00</b>                            | <b>\$200.00</b>                                           |
| Full Name, Mailing Address and ZIP Code<br><b>MRS. ALEX G. DYER</b><br><b>3644 GLADIOLA ST.</b><br><b>BATON ROUGE LA 70808</b>         | Name of Employer<br><br>Occupation                   | Date (month, day, year)<br><b>10/20/98</b> | Amount of Each Receipt this period<br><br><b>\$100.00</b> |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date >                             | <b>\$100.00</b>                            | <b>\$100.00</b>                                           |
| Full Name, Mailing Address and ZIP Code<br><b>MRS. CHARLES P. LORIO</b><br><b>11338 HIGELAND RD.</b><br><b>BATON ROUGE LA 70810</b>    | Name of Employer<br><br>Occupation                   | Date (month, day, year)<br><b>10/28/98</b> | Amount of Each Receipt this period<br><br><b>\$100.00</b> |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date >                             | <b>\$100.00</b>                            | <b>\$100.00</b>                                           |
| Full Name, Mailing Address and ZIP Code<br><b>MRS. CHARLES W. HAIR, JR.</b><br><b>2964 MURPHY DR.</b><br><b>BATON ROUGE LA 70809</b>   | Name of Employer<br><br>Occupation                   | Date (month, day, year)<br><b>10/21/98</b> | Amount of Each Receipt this period<br><br><b>\$50.00</b>  |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date >                             | <b>\$50.00</b>                             | <b>\$50.00</b>                                            |
| Full Name, Mailing Address and ZIP Code<br><b>MRS. JAMES B. HOOVER</b><br><b>5031 PARK HOLLOW</b><br><b>BATON ROUGE LA 70816</b>       | Name of Employer<br><br>Occupation                   | Date (month, day, year)<br><b>10/23/98</b> | Amount of Each Receipt this period<br><br><b>\$100.00</b> |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date >                             | <b>\$100.00</b>                            | <b>\$100.00</b>                                           |
| SUBTOTAL of Receipts This Page (optional)                                                                                              |                                                      |                                            |                                                           |
| 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

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**NAME OF COMMITTEE (In Full)**
**McKeithen for Congress Committee, Inc.**
**C00331249**

|                                                                                                                                        |                                                                                          |                                            |                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------|
| Full Name, Mailing Address and ZIP Code<br><b>MRS. LEON BASCO</b><br><b>105 ALVIN ST.</b><br><b>COLUMBIA LA 71418</b>                  | Name of Employer<br>Occupation<br><b>RETIRED</b>                                         | Date (month, day, year)<br><b>10/16/98</b> | Amount of Each Receipt this period<br><b>\$20.00</b>  |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date >                                                                 | <b>\$20.00</b>                             | <b>\$20.00</b>                                        |
| Full Name, Mailing Address and ZIP Code<br><b>MRS. ROLAND S. STEVENS</b><br><b>7550 BOCAJE BLVD.</b><br><b>BATON ROUGE LA 70809</b>    | Name of Employer<br>Occupation<br><b>RETIRED</b>                                         | Date (month, day, year)<br><b>11/3/98</b>  | Amount of Each Receipt this period<br><b>\$100.00</b> |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date >                                                                 | <b>\$100.00</b>                            | <b>\$100.00</b>                                       |
| Full Name, Mailing Address and ZIP Code<br><b>O.J. WILLIAMS</b><br><b>4039 PALM ST</b><br><b>BATON ROUGE LA 70808</b>                  | Name of Employer<br>Occupation<br><b>RETIRED</b>                                         | Date (month, day, year)<br><b>11/2/98</b>  | Amount of Each Receipt this period<br><b>\$100.00</b> |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | Aggregate Year-to-Date >                                                                 | <b>\$200.00</b>                            | <b>\$100.00</b>                                       |
| Full Name, Mailing Address and ZIP Code<br><b>OLEY L. CROSS</b><br><b>1351 N. WOODCREST AVE.</b><br><b>DENHAM SPRINGS LA 70726</b>     | Name of Employer<br>Occupation<br><b>RETIRED</b>                                         | Date (month, day, year)<br><b>10/16/98</b> | Amount of Each Receipt this period<br><b>\$50.00</b>  |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date >                                                                 | <b>\$50.00</b>                             | <b>\$50.00</b>                                        |
| Full Name, Mailing Address and ZIP Code<br><b>PAMELA BARTFAY RICE</b><br><b>1125 PARK BLVD.</b><br><b>BATON ROUGE LA 70806</b>         | Name of Employer<br>Occupation<br><b>LINNEY &amp; MARCEL</b><br><b>ATTORNEY</b>          | Date (month, day, year)<br><b>10/27/98</b> | Amount of Each Receipt this period<br><b>\$75.00</b>  |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date >                                                                 | <b>\$125.00</b>                            | <b>\$75.00</b>                                        |
| Full Name, Mailing Address and ZIP Code<br><b>PAT MEEKS</b><br><b>3205 JEB STUART</b><br><b>MONROE LA 71201</b>                        | Name of Employer<br>Occupation<br><b>SELF</b><br><b>BUSINESS</b>                         | Date (month, day, year)<br><b>11/2/98</b>  | Amount of Each Receipt this period<br><b>\$200.00</b> |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date >                                                                 | <b>\$200.00</b>                            | <b>\$200.00</b>                                       |
| Full Name, Mailing Address and ZIP Code<br><b>PAUL G. MORESI, III</b><br><b>P.O. BOX 1140</b><br><b>ABBEVILLE LA 70511</b>             | Name of Employer<br>Occupation<br><b>MORESI &amp; MORESI LAW FIRM</b><br><b>ATTORNEY</b> | Date (month, day, year)<br><b>10/16/98</b> | Amount of Each Receipt this period<br><b>\$100.00</b> |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date >                                                                 | <b>\$100.00</b>                            | <b>\$100.00</b>                                       |

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

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

McKeithen for Congress Committee, Inc.

C00331249

|                                                                                                                                        |                                 |                                            |                                    |
|----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|--------------------------------------------|------------------------------------|
| Full Name, Mailing Address and ZIP Code<br><b>PHIL BREAUX</b><br><b>PO BOX 116</b><br><b>ST. GABRIEL LA 70776</b>                      | Name of Employer<br><b>SELF</b> | Date (month, day, year)<br><b>11/2/98</b>  | Amount of Each Receipt this period |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br><b>ATTORNEY</b>   |                                            |                                    |
|                                                                                                                                        | Aggregate Year-to-Date >        | <b>\$100.00</b>                            | <b>\$100.00</b>                    |
| Full Name, Mailing Address and ZIP Code<br><b>PHIL E. MILEY</b><br><b>3211 MONTERREY DR.</b><br><b>BATON ROUGE LA 70814</b>            | Name of Employer<br><b>SELF</b> | Date (month, day, year)<br><b>10/30/98</b> | Amount of Each Receipt this period |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br><b>ATTORNEY</b>   |                                            |                                    |
|                                                                                                                                        | Aggregate Year-to-Date >        | <b>\$200.00</b>                            | <b>\$200.00</b>                    |
| Full Name, Mailing Address and ZIP Code<br><b>RALPH W. THERIOT</b><br><b>9437 BROOKLINE AVE.</b><br><b>BATON ROUGE LA 70809</b>        | Name of Employer<br><b>SELF</b> | Date (month, day, year)<br><b>11/3/98</b>  | Amount of Each Receipt this period |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br><b>CPA</b>        |                                            |                                    |
|                                                                                                                                        | Aggregate Year-to-Date >        | <b>\$200.00</b>                            | <b>\$200.00</b>                    |
| Full Name, Mailing Address and ZIP Code<br><b>RENÉE M. DOLE</b><br><b>724 S. ACADIAN</b><br><b>BATON ROUGE LA 70806</b>                | Name of Employer                | Date (month, day, year)<br><b>10/21/98</b> | Amount of Each Receipt this period |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation                      |                                            |                                    |
|                                                                                                                                        | Aggregate Year-to-Date >        | <b>\$100.00</b>                            | <b>\$100.00</b>                    |
| Full Name, Mailing Address and ZIP Code<br><b>RICHARD J. PUTMAN, JR.</b><br><b>P.O. DRAWER 1045</b><br><b>ABBEVILLE LA 70511</b>       | Name of Employer<br><b>SELF</b> | Date (month, day, year)<br><b>10/28/98</b> | Amount of Each Receipt this period |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br><b>ATTORNEY</b>   |                                            |                                    |
|                                                                                                                                        | Aggregate Year-to-Date >        | <b>\$200.00</b>                            | <b>\$200.00</b>                    |
| Full Name, Mailing Address and ZIP Code<br><b>ROBERT B. HOLTMAN</b><br><b>1287 KIMBRO DR.</b><br><b>BATON ROUGE LA 70808</b>           | Name of Employer                | Date (month, day, year)<br><b>10/16/98</b> | Amount of Each Receipt this period |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br><b>RETIRED</b>    |                                            |                                    |
|                                                                                                                                        | Aggregate Year-to-Date >        | <b>\$50.00</b>                             | <b>\$50.00</b>                     |
| Full Name, Mailing Address and ZIP Code<br><b>ROBERT G. JARRELL</b><br><b>419 JACKSON ST.</b><br><b>MONROE LA 71201</b>                | Name of Employer                | Date (month, day, year)<br><b>10/28/98</b> | Amount of Each Receipt this period |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br><b>ND</b>         |                                            |                                    |
|                                                                                                                                        | Aggregate Year-to-Date >        | <b>\$50.00</b>                             | <b>\$50.00</b>                     |
| SUBTOTAL of Receipts This Page (optional)                                                                                              |                                 |                                            |                                    |
| TOTAL This Period (last page this line number only)                                                                                    |                                 |                                            |                                    |

## SCHEDULE A

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## NAME OF COMMITTEE (In Full)

McKeithen for Congress Committee, Inc.

C00331249

|                                                                                                                                        |                                         |                                            |                                    |
|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------|------------------------------------|
| Full Name, Mailing Address and ZIP Code<br><b>ROBERT L. MANARD</b><br><b>1100 POYDRAS ST.</b><br><b>NEW ORLEANS LA 70163</b>           | Name of Employer<br><b>SELF</b>         | Date (month, day, year)<br><b>10/21/98</b> | Amount of Each Receipt this period |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br><b>ATTORNEY</b>           | Aggregate Year-to-Date >                   | <b>\$100.00</b>                    |
| Full Name, Mailing Address and ZIP Code<br><b>ROBERT D. MCILWAIN</b><br><b>RT.1 BOX 144-C</b><br><b>GRAYSON LA 71435</b>               | Name of Employer                        | Date (month, day, year)<br><b>11/2/98</b>  | Amount of Each Receipt this period |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation                              | Aggregate Year-to-Date >                   | <b>\$50.00</b>                     |
| Full Name, Mailing Address and ZIP Code<br><b>ROBERT S. MELLON</b><br><b>P.O. BOX 1310</b><br><b>DENHAM SPRINGS LA 70717</b>           | Name of Employer                        | Date (month, day, year)<br><b>10/28/98</b> | Amount of Each Receipt this period |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation                              | Aggregate Year-to-Date >                   | <b>\$100.00</b>                    |
| Full Name, Mailing Address and ZIP Code<br><b>ROLAND CARTER</b><br><b>P.O. BOX 1118</b><br><b>WEST MONROE LA 71294</b>                 | Name of Employer                        | Date (month, day, year)<br><b>11/16/98</b> | Amount of Each Receipt this period |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation                              | Aggregate Year-to-Date >                   | <b>\$75.00</b>                     |
| Full Name, Mailing Address and ZIP Code<br><b>RONALD J. JUNEAU</b><br><b>9895 FLORIDA BLVD #310</b><br><b>BATON ROUGE LA 70815</b>     | Name of Employer<br><b>BCI, INC</b>     | Date (month, day, year)<br><b>10/30/98</b> | Amount of Each Receipt this period |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br><b>CIVIL ENGINEER</b>     | Aggregate Year-to-Date >                   | <b>\$150.00</b>                    |
| Full Name, Mailing Address and ZIP Code<br><b>RUTH G. JENKINS</b><br><b>6023 S. POLLARD</b><br><b>BATON ROUGE LA 70808</b>             | Name of Employer<br><b>JENKINS TILE</b> | Date (month, day, year)<br><b>10/28/98</b> | Amount of Each Receipt this period |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation<br><b>ADMT.</b>              | Aggregate Year-to-Date >                   | <b>\$100.00</b>                    |
| Full Name, Mailing Address and ZIP Code<br><b>SAM L. NOTO</b><br><b>12748 BRIN AVE.</b><br><b>BATON ROUGE LA 70814</b>                 | Name of Employer                        | Date (month, day, year)<br><b>10/26/98</b> | Amount of Each Receipt this period |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation                              | Aggregate Year-to-Date >                   | <b>\$50.00</b>                     |
| SUBTOTAL of Receipts This Page (optional)                                                                                              |                                         |                                            |                                    |
| TOTAL This Period (last page this line number only)                                                                                    |                                         |                                            |                                    |

## SCHEDULE A

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## NAME OF COMMITTEE (In Full)

McKeithen for Congress Committee, Inc.

C00331249

|                                                                                                                                              |                                                 |                                            |                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------|------------------------------------|
| Full Name, Mailing Address and ZIP Code<br><b>SCHUEERMANN &amp; JONES</b><br><b>210 BARONNE ST. STE. 1800</b><br><b>NEW ORLEANS LA 70112</b> | Name of Employer<br><b>SELF</b>                 | Date (month, day, year)<br><b>10/30/98</b> | Amount of Each Receipt this period |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):       | Occupation<br><b>ATTORNEY</b>                   |                                            |                                    |
|                                                                                                                                              | Aggregate Year-to-Date >                        | <b>\$200.00</b>                            | <b>\$200.00</b>                    |
| Full Name, Mailing Address and ZIP Code<br><b>STEVAN C. DITTMAN</b><br><b>832 TOPAZ ST.</b><br><b>NEW ORLEANS LA 70124</b>                   | Name of Employer<br><b>GAINSBURGH BENJAMIN</b>  | Date (month, day, year)<br><b>10/28/98</b> | Amount of Each Receipt this period |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):       | Occupation<br><b>ATTORNEY</b>                   |                                            |                                    |
|                                                                                                                                              | Aggregate Year-to-Date >                        | <b>\$100.00</b>                            | <b>\$100.00</b>                    |
| Full Name, Mailing Address and ZIP Code<br><b>STEVEN P. LEMOINE</b><br><b>10047 BUTTERCUP DR.</b><br><b>BATON ROUGE LA 70809</b>             | Name of Employer<br><b>SELF</b>                 | Date (month, day, year)<br><b>10/28/98</b> | Amount of Each Receipt this period |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):       | Occupation<br><b>ATTORNEY</b>                   |                                            |                                    |
|                                                                                                                                              | Aggregate Year-to-Date >                        | <b>\$50.00</b>                             | <b>\$50.00</b>                     |
| Full Name, Mailing Address and ZIP Code<br><b>TAMMY SHOWS</b><br><b>7444 BOYCE DR.</b><br><b>BATON ROUGE LA 70809</b>                        | Name of Employer<br><b>UNITED COMPANIES</b>     | Date (month, day, year)<br><b>10/16/98</b> | Amount of Each Receipt this period |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):       | Occupation<br><b>APPLICATION SPECIALIST</b>     |                                            |                                    |
|                                                                                                                                              | Aggregate Year-to-Date >                        | <b>\$200.00</b>                            | <b>\$200.00</b>                    |
| Full Name, Mailing Address and ZIP Code<br><b>TROY KELLER</b><br><b>858 CAMP ST.</b><br><b>NEW ORLEANS LA 70130</b>                          | Name of Employer<br><b>SELF</b>                 | Date (month, day, year)<br><b>10/23/98</b> | Amount of Each Receipt this period |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):       | Occupation<br><b>ATTORNEY</b>                   |                                            |                                    |
|                                                                                                                                              | Aggregate Year-to-Date >                        | <b>\$200.00</b>                            | <b>\$200.00</b>                    |
| Full Name, Mailing Address and ZIP Code<br><b>WALTER R. KROUSEL, JR.</b><br><b>4831 NORTH BLVD</b><br><b>BATON ROUGE LA 70806</b>            | Name of Employer<br><b>SELF</b>                 | Date (month, day, year)<br><b>10/21/98</b> | Amount of Each Receipt this period |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):       | Occupation<br><b>ATTORNEY</b>                   |                                            |                                    |
|                                                                                                                                              | Aggregate Year-to-Date >                        | <b>\$100.00</b>                            | <b>\$100.00</b>                    |
| Full Name, Mailing Address and ZIP Code<br><b>WENDELL G. LINDSAY, JR.</b><br><b>5874 CHANDLER</b><br><b>BATON ROUGE LA 70808</b>             | Name of Employer<br><b>LINDSAY &amp; MARCEL</b> | Date (month, day, year)<br><b>11/2/98</b>  | Amount of Each Receipt this period |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):       | Occupation<br><b>ATTORNEY</b>                   |                                            |                                    |
|                                                                                                                                              | Aggregate Year-to-Date >                        | <b>\$150.00</b>                            | <b>\$50.00</b>                     |
| SUBTOTAL of Receipts This Page (optional)                                                                                                    |                                                 |                                            |                                    |
| 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 16 OF 16  
FOR LINE NUMBER  
11(a) (11)

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## NAME OF COMMITTEE (In Full)

McKeithen for Congress Committee, Inc.

C00331249

|                                                                                                                                        |                                                                                                     |                                            |                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--------------------------------------------|-----------------------------------------------------------|
| Full Name, Mailing Address and ZIP Code<br><b>WILLIAM J. JENKINS</b><br><b>6023 S. POLLARD</b><br><b>BATON ROUGE LA 70808</b>          | Name of Employer<br><br>Occupation<br><b>RETIRED</b>                                                | Date (month, day, year)<br><b>10/28/98</b> | Amount of Each Receipt this period<br><br><b>\$100.00</b> |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date >                                                                            | <b>\$100.00</b>                            |                                                           |
| Full Name, Mailing Address and ZIP Code<br><b>WILLIAM K. JENKINS</b><br><b>818 WHEATLEAF DR.</b><br><b>BATON ROUGE LA 70810</b>        | Name of Employer<br><b>JENKINS TILE</b><br>Occupation<br><b>OWNER</b>                               | Date (month, day, year)<br><b>10/28/98</b> | Amount of Each Receipt this period<br><br><b>\$100.00</b> |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date >                                                                            | <b>\$100.00</b>                            |                                                           |
| Full Name, Mailing Address and ZIP Code<br><b>ZACK NAUTH</b><br><b>655 BUNGALOW</b><br><b>BATON ROUGE LA 70802</b>                     | Name of Employer<br><b>LOCAL 100 SERVICE EMPLOYEES UNION</b><br>Occupation<br><b>STATE DIRECTOR</b> | Date (month, day, year)<br><b>10/28/98</b> | Amount of Each Receipt this period<br><br><b>\$20.00</b>  |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date >                                                                            | <b>\$20.00</b>                             |                                                           |
| Full Name, Mailing Address and ZIP Code                                                                                                | Name of Employer<br><br>Occupation                                                                  | Date (month, day, year)                    | Amount of Each Receipt this period                        |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | Aggregate Year-to-Date >                                                                            |                                            |                                                           |
| Full Name, Mailing Address and ZIP Code                                                                                                | Name of Employer<br><br>Occupation                                                                  | Date (month, day, year)                    | Amount of Each Receipt this period                        |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | Aggregate Year-to-Date >                                                                            |                                            |                                                           |
| Full Name, Mailing Address and ZIP Code                                                                                                | Name of Employer<br><br>Occupation                                                                  | Date (month, day, year)                    | Amount of Each Receipt this period                        |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | Aggregate Year-to-Date >                                                                            |                                            |                                                           |
| Full Name, Mailing Address and ZIP Code                                                                                                | Name of Employer<br><br>Occupation                                                                  | Date (month, day, year)                    | Amount of Each Receipt this period                        |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | Aggregate Year-to-Date >                                                                            |                                            |                                                           |
| SUBTOTAL of Receipts This Page (optional)                                                                                              |                                                                                                     |                                            |                                                           |
| 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 1 OF 1  
FOR LINE NUMBER 11b

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**NAME OF COMMITTEE (in Full)**

McKeithen For Congress

|                                                                                                                                                                                                                                                                                  |                                                                                                  |                                                |                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br><br>TEXAS DEMOCRATIC PARTY-FEDERAL<br>919 CONGRESS STE 600<br>AUSTIN TX 78701<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br><br><br><b>Occupation</b><br><br>Aggregate Year-to-Date > \$ 2,000.00 | <b>Date (month, day, year)</b><br><br>10/19/98 | <b>Amount of Each Receipt this Period</b><br><br>2,000.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br><br>DSCC OF LA FEDERAL<br>P.O. BOX 4385<br>BATON ROUGE LA 70821<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):               | <b>Name of Employer</b><br><br><br><b>Occupation</b><br><br>Aggregate Year-to-Date > \$ 5,000.00 | <b>Date (month, day, year)</b><br><br>10/23/98 | <b>Amount of Each Receipt this Period</b><br><br>800.00   |
| <b>C. Full Name, Mailing Address and ZIP Code</b><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><b>Occupation</b><br><br>Aggregate Year-to-Date > \$          | <b>Date (month, day, year)</b><br><br><br>     | <b>Amount of Each Receipt this Period</b><br><br><br>     |
| <b>D. Full Name, Mailing Address and ZIP Code</b><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><b>Occupation</b><br><br>Aggregate Year-to-Date > \$          | <b>Date (month, day, year)</b><br><br><br>     | <b>Amount of Each Receipt this Period</b><br><br><br>     |
| <b>E. Full Name, Mailing Address and ZIP Code</b><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><b>Occupation</b><br><br>Aggregate Year-to-Date > \$          | <b>Date (month, day, year)</b><br><br><br>     | <b>Amount of Each Receipt this Period</b><br><br><br>     |
| <b>F. Full Name, Mailing Address and ZIP Code</b><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><b>Occupation</b><br><br>Aggregate Year-to-Date > \$          | <b>Date (month, day, year)</b><br><br><br>     | <b>Amount of Each Receipt this Period</b><br><br><br>     |
| <b>G. Full Name, Mailing Address and ZIP Code</b><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><b>Occupation</b><br><br>Aggregate Year-to-Date > \$          | <b>Date (month, day, year)</b><br><br><br>     | <b>Amount of Each Receipt this Period</b><br><br><br>     |

**SUBTOTAL** of Receipts This Page (optional) ..... 2,800.00

**TOTAL** This Period (last page this line number only) ..... 2,800.00



**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 7  
FOR LINE NUMBER 11c

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**NAME OF COMMITTEE (In Full)**

McKeithen For Congress

|                                                                                                                                                                                                                                                                                            |                                                                                                                |                                            |                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>ARCHER'S ARROWS PAC<br>400 RENAISSANCE CENTER STE 360<br>DETROIT MI 48243<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                   | <b>Name of Employer</b><br><br><b>Occupation</b><br><br>Aggregate Year-to-Date > \$ 1,000.00                   | <b>Date (month, day, year)</b><br>10/19/98 | <b>Amount of Each Receipt this Period</b><br><br>1,000.00         |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>CITIZENS FOR ELEANOR HOLMES NORTON<br>2201 WISCONSIN AVE. NW STE. 30<br>WASHINGTON DC 20007<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br><br><b>Occupation</b><br>CONDUIT LISTED BELOW<br>Aggregate Year-to-Date > \$ 500.00 | <b>Date (month, day, year)</b><br>10/19/98 | <b>Amount of Each Receipt this Period</b><br><br>500.00           |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>DEMOCRATIC CONG. CAMP. CNTE.<br>430 CAPITOL ST<br>WASHINGTON, DC 20003<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                 | <b>Name of Employer</b><br><br><b>Occupation</b><br><br>Aggregate Year-to-Date > \$                            | <b>Date (month, day, year)</b><br>10/19/98 | <b>Amount of Each Receipt this Period</b><br><br>500.00<br>-MEMO- |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>FAZIO FOR CONGRESS<br>555 CAPITOL MALL STE 1425<br>SACRAMENTO CA 95814<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                      | <b>Name of Employer</b><br><br><b>Occupation</b><br><br>Aggregate Year-to-Date > \$ 1,000.00                   | <b>Date (month, day, year)</b><br>10/20/98 | <b>Amount of Each Receipt this Period</b><br><br>1,000.00         |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>RANGEL FOR THE 106TH CONGRESS<br>P.O. BOX 5577<br>NEW YORK NY 10027<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                         | <b>Name of Employer</b><br><br><b>Occupation</b><br><br>Aggregate Year-to-Date > \$ 1,000.00                   | <b>Date (month, day, year)</b><br>10/20/98 | <b>Amount of Each Receipt this Period</b><br><br>1,000.00         |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>INTER'L ASSC. OF FIRE FIGHTERS PAC<br>1750 NEW YORK AVE. NW<br>WASHINGTON DC 20006<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):          | <b>Name of Employer</b><br><br><b>Occupation</b><br><br>Aggregate Year-to-Date > \$ 2,500.00                   | <b>Date (month, day, year)</b><br>10/20/98 | <b>Amount of Each Receipt this Period</b><br><br>2,500.00         |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>NAT. ASSC. OF LETTER CARRIERS PAC<br>100 INDIANA AVE. NW<br>WASHINGTON DC 20001<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):             | <b>Name of Employer</b><br><br><b>Occupation</b><br><br>Aggregate Year-to-Date > \$ 3,000.00                   | <b>Date (month, day, year)</b><br>10/20/98 | <b>Amount of Each Receipt this Period</b><br><br>3,000.00         |

**SUBTOTAL** of Receipts This Page (optional)..... 9,000.00

**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

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FOR LINE NUMBER 11c

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## NAME OF COMMITTEE (In Full)

McKeithen For Congress

| A. Full Name, Mailing Address and ZIP Code                                                                                                                                                                                                                              | Name of Employer               | Date (month, day, year) | Amount of Each Receipt this Period |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------|------------------------------------|
| INTER. LONGSHOREMEN'S ASSC CMTE POL<br>17 BATTERY PL<br>NEW YORK NY 10004<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                     | Occupation                     | 10/21/98                | 2,000.00                           |
| Aggregate Year-to-Date > \$ 5,000.00                                                                                                                                                                                                                                    |                                |                         |                                    |
| B. Full Name, Mailing Address and ZIP Code<br>VICTORY USA<br>555 CAPITOL MALL STE. 1425<br>SACRAMENTO CA 95814<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                | Name of Employer<br>Occupation | 10/21/98                | 1,000.00                           |
| Aggregate Year-to-Date > \$ 1,000.00                                                                                                                                                                                                                                    |                                |                         |                                    |
| C. Full Name, Mailing Address and ZIP Code<br>EFFECTIVE GOVERNMENT COMMITTEE<br>607 14TH ST NW STE 800<br>WASHINGTON DC 20005<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Name of Employer<br>Occupation | 10/23/98                | 2,000.00                           |
| Aggregate Year-to-Date > \$ 5,000.00                                                                                                                                                                                                                                    |                                |                         |                                    |
| D. Full Name, Mailing Address and ZIP Code<br>STEPHENS INC. FED. PAC<br>111 CENTER ST.<br>LITTLE ROCK AR 72201<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                | Name of Employer<br>Occupation | 10/23/98                | 500.00                             |
| Aggregate Year-to-Date > \$ 500.00                                                                                                                                                                                                                                      |                                |                         |                                    |
| E. Full Name, Mailing Address and ZIP Code<br>CMTE. ON POL. ED., AFL-CIO<br>815 16TH ST. NW<br>WASHINGTON DC 20006<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | Name of Employer<br>Occupation | 10/26/98                | 5,000.00                           |
| Aggregate Year-to-Date > \$ 5,000.00                                                                                                                                                                                                                                    |                                |                         |                                    |
| F. Full Name, Mailing Address and ZIP Code<br>AMERIPAC<br>601 13TH ST. SW # 710N<br>WASHINGTON DC 20005<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                       | Name of Employer<br>Occupation | 10/26/98                | 500.00                             |
| Aggregate Year-to-Date > \$ 1,500.00                                                                                                                                                                                                                                    |                                |                         |                                    |
| G. Full Name, Mailing Address and ZIP Code<br>AMERIPAC<br>601 13TH ST. SW # 710N<br>WASHINGTON DC 20005<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                       | Name of Employer<br>Occupation | 10/26/98                | 3,500.00                           |
| Aggregate Year-to-Date > \$ 5,000.00                                                                                                                                                                                                                                    |                                |                         |                                    |
| SUBTOTAL of Receipts This Page (optional)                                                                                                                                                                                                                               |                                |                         | 14,500.00                          |
| TOTAL This Period (last page this line number only)                                                                                                                                                                                                                     |                                |                         |                                    |

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 3 OF 7  
FOR LINE NUMBER 11c

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**NAME OF COMMITTEE (In Full)**

McKeithen For Congress

|                                                                                                                                                                                                                                                                                    |                                                                                              |                                                |                                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br><br>NAT. CMTE. FOR AN EFF. CONGRESS<br>122 C ST. NW #650<br>WASHINGTON DC 20001<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br><br><b>Occupation</b><br><br>Aggregate Year-to-Date > \$ 5,000.00 | <b>Date (month, day, year)</b><br><br>10/26/98 | <b>Amount of Each Receipt this Period</b><br><br>2,500.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br><br>SHELIA JACKSON LEE CAMP. FOR CONGRE<br>3401 LA BRANCH<br>HOUSTON TX 77004<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):   | <b>Name of Employer</b><br><br><b>Occupation</b><br><br>Aggregate Year-to-Date > \$ 1,000.00 | <b>Date (month, day, year)</b><br><br>10/26/98 | <b>Amount of Each Receipt this Period</b><br><br>1,000.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br><br>NANCY PELOSI FOR CONGRESS<br>ONE BUSH ST STE 100<br>SAN FRANCISCO CA 94104<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):  | <b>Name of Employer</b><br><br><b>Occupation</b><br><br>Aggregate Year-to-Date > \$ 1,000.00 | <b>Date (month, day, year)</b><br><br>10/26/98 | <b>Amount of Each Receipt this Period</b><br><br>1,000.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br><br>HOYER FOR CONGRESS<br>7905 MALCOLM RD STE 102<br>CLINTON MD 20765<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):           | <b>Name of Employer</b><br><br><b>Occupation</b><br><br>Aggregate Year-to-Date > \$ 1,000.00 | <b>Date (month, day, year)</b><br><br>10/26/98 | <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>UNITE CAMPAIGN CMTE.<br>1710 BROADWAY<br>NEW YORK NY 10019<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                  | <b>Name of Employer</b><br><br><b>Occupation</b><br><br>Aggregate Year-to-Date > \$ 1,000.00 | <b>Date (month, day, year)</b><br><br>10/26/98 | <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>LOUISE SLAUGHTER RE-ELECT CMTE.<br>P.O. BOX 14117<br>ROCHESTER NY 14614<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):     | <b>Name of Employer</b><br><br><b>Occupation</b><br><br>Aggregate Year-to-Date > \$ 500.00   | <b>Date (month, day, year)</b><br><br>10/26/98 | <b>Amount of Each Receipt this Period</b><br><br>500.00   |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br><br>LOFGREN FOR CONGRESS<br>11 W. ST. JOHN ST STE 400<br>SAN JOSE CA 95113<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):      | <b>Name of Employer</b><br><br><b>Occupation</b><br><br>Aggregate Year-to-Date > \$ 1,000.00 | <b>Date (month, day, year)</b><br><br>10/27/98 | <b>Amount of Each Receipt this Period</b><br><br>1,000.00 |

**SUBTOTAL** of Receipts This Page (optional)..... 8,000.00

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

## SCHEDULE A

## ITEMIZED RECEIPTS

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

 PAGE 4 OF 7  
FOR LINE NUMBER 11c

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)

McKeithen For Congress

| A. Full Name, Mailing Address and ZIP Code                                                                                                                                                                                                                                | Name of Employer                                         | Date (month, day, year) | Amount of Each Receipt this Period |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------|------------------------------------|
| CONG. WAXMAN CAMP. CMTE.<br>8665 WILSHIRE BLVD. STE 220<br>BEVERLY HILLS CA 90211<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                               | Occupation                                               | 10/28/98                | 1,000.00                           |
| Aggregate Year-to-Date > \$                                                                                                                                                                                                                                               |                                                          | 1,000.00                | 1,000.00                           |
| B. Full Name, Mailing Address and ZIP Code<br>NAT. CMTE. TO PRESERVE SOC SEC & ME<br>10 G ST. NE STE 600<br>WASHINGTON DC 20002<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Name of Employer<br>Occupation                           | 10/28/98                | 1,000.00                           |
| Aggregate Year-to-Date > \$                                                                                                                                                                                                                                               |                                                          | 2,000.00                | 1,000.00                           |
| C. Full Name, Mailing Address and ZIP Code<br>AFRICAN AMERICAN LEADERSHIP COL.<br>1155 21ST NW STE 300<br>WASHINGTON DC 20036<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):   | Name of Employer<br>Occupation                           | 10/28/98                | 500.00                             |
| Aggregate Year-to-Date > \$                                                                                                                                                                                                                                               |                                                          | 500.00                  | 500.00                             |
| D. Full Name, Mailing Address and ZIP Code<br>AMERICAN NURSES ASSN. PAC<br>600 MARLAND AVE. SW STE 100<br>WASHINGTON DC 20024<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):   | Name of Employer<br>Occupation                           | 10/28/98                | 1,500.00                           |
| Aggregate Year-to-Date > \$                                                                                                                                                                                                                                               |                                                          | 1,500.00                | 1,500.00                           |
| E. Full Name, Mailing Address and ZIP Code<br>WYNN FOR CONGRESS<br>P.O. BOX 5323<br>CAPITAL HEIGHTS MD 70802<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                    | Name of Employer<br>Occupation<br>COMMITTED LISTED BELOW | 10/28/98                | 1,000.00                           |
| Aggregate Year-to-Date > \$                                                                                                                                                                                                                                               |                                                          | 1,000.00                | 1,000.00                           |
| F. Full Name, Mailing Address and ZIP Code<br>DEMOCRATIC CONG. CAMP. CMTE<br>430 CAPITOL<br>WASHINGTON, DC 20003<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                           | Name of Employer<br>Occupation                           | 10/28/98                | 1,000.00<br>-MEMO-                 |
| Aggregate Year-to-Date > \$                                                                                                                                                                                                                                               |                                                          | 0                       |                                    |
| G. Full Name, Mailing Address and ZIP Code<br>THURMAN FOR CONGRESS CMTE.<br>450 PLEASANT GROVE RD.<br>INVERNESS FL 34452<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):        | Name of Employer<br>Occupation                           | 10/28/98                | 500.00                             |
| Aggregate Year-to-Date > \$                                                                                                                                                                                                                                               |                                                          | 500.00                  | 500.00                             |

SUBTOTAL of Receipts This Page (optional)

5,500.00

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 5 OF 7  
FOR LINE NUMBER 11c

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## NAME OF COMMITTEE (In Full)

McKeithen For Congress

| A. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer                   | Date (month, day, year) | Amount of Each Receipt this Period |
|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------|------------------------------------|
| CWA-COPE PCC<br>501 - 3RD ST NW<br>WASHINGTON DC 20001                                                                                 | Occupation                         | 10/30/98                |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$        | 5,000.00                | 2,500.00                           |
| B. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer                   | Date (month, day, year) | Amount of Each Receipt this Period |
| DOYLE FOR CONGRESS COMMITTEE<br>2227 HAMPTON ST.<br>PITTSBURG PA 15218                                                                 | Occupation                         | 10/30/98                |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$        | 1,000.00                | 1,000.00                           |
| C. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer                   | Date (month, day, year) | Amount of Each Receipt this Period |
| LABORERS' POLITICAL LEAGUE<br>905 - 16TH ST NW<br>WASHINGTON DC 20006                                                                  | Occupation                         | 10/30/98                |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$        | 2,500.00                | 2,500.00                           |
| D. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer                   | Date (month, day, year) | Amount of Each Receipt this Period |
| ZACKPAC<br>2500 N. MILITARY TRL. STE 288<br>BOCA RATON FL 33431                                                                        | Occupation                         | 10/30/98                |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$        | 1,000.00                | 1,000.00                           |
| E. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer                   | Date (month, day, year) | Amount of Each Receipt this Period |
| CMTE. FOR A PROGRESSIVE CONGRESS<br>2201 WISCONSIN AVE. NW STE 320<br>WASHINGTON DC 20007                                              | Occupation<br>CONDUIT LISTED BELOW | 10/30/98                |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$        | 500.00                  | 500.00                             |
| F. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer                   | Date (month, day, year) | Amount of Each Receipt this Period |
| DEMOCRATIC CONG. CAMP. CMTE.<br>430 CAPITOL<br>WASHINGTON, DC 20003                                                                    | Occupation                         |                         |                                    |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | Aggregate Year-to-Date > \$        |                         |                                    |
| G. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer                   | Date (month, day, year) | Amount of Each Receipt this Period |
| PHYSICAL THERAPY PAC PT-PAC<br>1111 N. FAIRFAX ST.<br>ALEXANDRIA VA 22314                                                              | Occupation                         | 10/30/98                |                                    |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$        | 500.00                  | 500.00                             |

SUBTOTAL of Receipts This Page (optional)

8,000.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

 Use separate schedule(s)  
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Detailed Summary Page

 PAGE 6 OF 7  
FOR LINE NUMBER  
11c

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## NAME OF COMMITTEE (In Full)

McKeithen For Congress

| A. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer            | Date (month, day, year) | Amount of Each Receipt This Period |
|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------|------------------------------------|
| COPA OF AM. POSTAL WORKERS UNION<br>1300 L ST. NW<br>WASHINGTON DC 20005                                                               | Occupation                  | 10/30/98                | 1,000.00                           |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ | 1,000.00                |                                    |
| B. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer            | Date (month, day, year) | Amount of Each Receipt This Period |
| MAINTENANCE OF WAY POLITICAL LEAGUE<br>26555 EVERGREEN RD. STE. 200<br>SOUTHFIELD MI 48076                                             | Occupation                  | 10/30/98                | 500.00                             |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ | 1,000.00                |                                    |
| C. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer            | Date (month, day, year) | Amount of Each Receipt This Period |
| ICWU VOLUNTARY LIVE<br>1655 WEST MARKET ST<br>AKRON OH 44313                                                                           | Occupation                  | 11/02/98                | 3,000.00                           |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ | 5,000.00                |                                    |
| D. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer            | Date (month, day, year) | Amount of Each Receipt This Period |
| CITIZENS FOR WATERS<br>555 S. FLOWER ST. #4510<br>LOS ANGELES CA 90071                                                                 | Occupation                  | 11/02/98                | 1,000.00                           |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ | 1,000.00                |                                    |
| E. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer            | Date (month, day, year) | Amount of Each Receipt This Period |
| U. A. POL. ED. CMTE.<br>901 MASSACHUSETTS AVE NW<br>WASHINGTON DC 20001                                                                | Occupation                  | 11/02/98                | 1,500.00                           |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ | 2,500.00                |                                    |
| F. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer            | Date (month, day, year) | Amount of Each Receipt This Period |
| BECERRA FOR CONGRESS<br>PO BOX 26B78<br>LOS ANGELES CA 90026                                                                           | Occupation                  | 11/03/98                | 1,000.00                           |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ | 1,000.00                |                                    |
| G. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer            | Date (month, day, year) | Amount of Each Receipt This Period |
| OCAWU - COPE<br>255 UNION BLVD.<br>LAKEWOOD CO 80228                                                                                   | Occupation                  | 11/03/98                | 500.00                             |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ | 1,000.00                |                                    |

SUBTOTAL of Receipts This Page (optional)

8,500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 7 OF 7  
FOR LINE NUMBER 11C

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**NAME OF COMMITTEE (In Full)**

McKeithen For Congress

|                                                                                                                                                                                                                                                                            |                                                                                |                                         |                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br><br>DRIVE POLITICAL FUND<br>25 LOUISIANA AVE. NW<br>WASHINGTON DC 20001<br><br>Receipt For: <input checked="" 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 > \$ 2,000.00 | Date (month, day, year)<br><br>11/09/98 | Amount of Each Receipt this Period<br><br>2,000.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><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                 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><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                 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><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                 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><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                 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><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                 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><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)                  | 2,000.00  |
| <b>TOTAL</b> This Period (last page this line number only) | 55,500.00 |

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 15

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NAME OF COMMITTEE (In Full)

McKeithen For Congress

|                                                                                                                                                                                                                                                                               |                                                |                                                |                                                 |                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|------------------------------------------------|-------------------------------------------------|-------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br><br>LIBERTY BANK<br>P.O. BOX 74108<br>BATON ROUGE LA 70874<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>INTEREST | Date (month, day, year)<br><br>10/30/98        | Amount of Each Receipt this Period<br><br>73.81 |                                                 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br><br>ZURICH YIELDWISE MONEY FUND<br>P.O. BOX 419356<br>KANSAS CITY MO 64719<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>INTEREST | Date (month, day, year)<br><br>11/02/98         | Amount of Each Receipt this Period<br><br>88.50 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><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             | Date (month, day, year)                         | Amount of Each Receipt this Period              |
| <b>D. Full Name, Mailing Address and ZIP Code</b><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             | Date (month, day, year)                         | Amount of Each Receipt this Period              |
| <b>E. Full Name, Mailing Address and ZIP Code</b><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             | Date (month, day, year)                         | Amount of Each Receipt this Period              |
| <b>F. Full Name, Mailing Address and ZIP Code</b><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             | Date (month, day, year)                         | Amount of Each Receipt this Period              |
| <b>G. Full Name, Mailing Address and ZIP Code</b><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             | Date (month, day, year)                         | Amount of Each Receipt this Period              |

**SUBTOTAL** of Receipts This Page (optional)..... 162.31

**TOTAL** This Period (last page this line number only)..... 162.31



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 17  
FOR LINE NUMBER 17

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**NAME OF COMMITTEE (in Full)**

McKeithen For Congress

| A. Full Name, Mailing Address and ZIP Code                                                                      | Purpose of Disbursement                                                                                                                                        | Date (month day, year) | Amount of Each Disbursement This Period |
|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------|
| ACTION MEDIA<br>PO BOX 1450<br>INDEPENDENCE, LA 70443                                                           | ADVERTISEMENT<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)               | 10/15/98               | 150.00                                  |
| B. Full Name, Mailing Address and ZIP Code<br>CHARLOTTE CANTWELL<br>1222 APPLEWOOD RD.<br>BATON ROUGE, LA 70808 | CONTRACT SERV.<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)              | 10/15/98               | 250.00                                  |
| C. Full Name, Mailing Address and ZIP Code<br>STEARNS CONSULTING, INC.<br>174 RIPLEY<br>SAN FRANCISCO, CA 94110 | CAMPAIGN PARA. - PUSH CARDS<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 10/15/98               | 1,350.00                                |
| D. Full Name, Mailing Address and ZIP Code<br>ALLEN COBURN<br>12022 BURGESS AVE.<br>WALKER, LA 70785            | ATTRIBUTION BELOW<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | 10/15/98               | 35.00                                   |
| E. Full Name, Mailing Address and ZIP Code<br>KENNY'S MOBIL<br>8811 FLORIDA BLVD.<br>DENHAM SPRINGS, LA         | GASOLINE<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                    | 10/15/98               | 35.00<br>-MEMO-                         |
| F. Full Name, Mailing Address and ZIP Code<br>MARY C. HOFFMAN<br>12539 E. SHERATON<br>BATON ROUGE               | CONTRACT SERV.<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)              | 10/15/98               | 593.13                                  |
| G. Full Name, Mailing Address and ZIP Code<br>MALLORY MOORE<br>4764 ORCHID ST.<br>BATON ROUGE, LA 70808         | CONTRACT SERV.<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)              | 10/15/98               | 1,000.00                                |
| H. Full Name, Mailing Address and ZIP Code<br>DANA MEEKS<br>920 ROBERT<br>NEW ORLEANS, LA 70115                 | CONTRACT SERV.<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)              | 10/15/98               | 1,500.00                                |
| I. Full Name, Mailing Address and ZIP Code<br>DARLENE FIELDS<br>3176 JOYCE DR.<br>BATON ROUGE, LA 70809         | CONTRACT SERV.<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)              | 10/15/98               | 2,000.00                                |
| <b>SUBTOTAL</b> of Disbursements This Page (optional)                                                           |                                                                                                                                                                |                        | 6,878.13                                |
| <b>TOTAL</b> This Period (last page this line number only)                                                      |                                                                                                                                                                |                        |                                         |

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 17  
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

McKeithen For Congress

| A. Full Name, Mailing Address and ZIP Code                        | Purpose of Disbursement                                                                                                                                       | Date (month day, year) | Amount of Each Disbursement This Period |
|-------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------|
| WILLIAM B. MCMAHON<br>3936 HYACINTH AVE.<br>BATON ROUGE, LA 70808 | CONTRACT SERV.<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | 10/15/98               | 1,000.00                                |
| B. Full Name, Mailing Address and ZIP Code                        | Purpose of Disbursement                                                                                                                                       | Date (month day, year) | Amount of Each Disbursement This Period |
| CHARLES DIEL<br>907 BROMLEY DR.<br>BATON ROUGE, LA 70808          | CONTRACT SERV.<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | 10/15/98               | 150.00                                  |
| C. Full Name, Mailing Address and ZIP Code                        | Purpose of Disbursement                                                                                                                                       | Date (month day, year) | Amount of Each Disbursement This Period |
| PHILLIP BAKER<br>P.O. BOX 1983<br>BATON ROUGE, LA 70821           | CONTRACT SERV.<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | 10/15/98               | 250.00                                  |
| D. Full Name, Mailing Address and ZIP Code                        | Purpose of Disbursement                                                                                                                                       | Date (month day, year) | Amount of Each Disbursement This Period |
| ALLEN COBURN<br>12022 BURGESS AVE.<br>WALKER, LA 70785            | CONTRACT SERV.<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | 10/15/98               | 500.00                                  |
| E. Full Name, Mailing Address and ZIP Code                        | Purpose of Disbursement                                                                                                                                       | Date (month day, year) | Amount of Each Disbursement This Period |
| CHARLOTTE CANTWELL<br>1222 APPLEWOOD RD.<br>BATON ROUGE, LA 70808 | ATTRIBUTION BELOW<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | 10/15/98               | 290.13                                  |
| F. Full Name, Mailing Address and ZIP Code                        | Purpose of Disbursement                                                                                                                                       | Date (month day, year) | Amount of Each Disbursement This Period |
| KWIK COPY<br>5555 EGGEN LN.<br>BATON ROUGE, LA 70809              | PRINTING<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                   | 10/15/98               | 230.20<br>-MEMO-                        |
| G. Full Name, Mailing Address and ZIP Code                        | Purpose of Disbursement                                                                                                                                       | Date (month day, year) | Amount of Each Disbursement This Period |
| KENTLWORTH SUPERMARKET<br>HIGHLAND RD.<br>BATON ROUGE, LA 70808   | FUND RAISER - REFRESHMENTS<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 10/15/98               | 21.27<br>-MEMO-                         |
| H. Full Name, Mailing Address and ZIP Code                        | Purpose of Disbursement                                                                                                                                       | Date (month day, year) | Amount of Each Disbursement This Period |
| OFFICE DEPOT<br>SELIGAN LN<br>BATON ROUGE, LA 70810               | OFFICE SUPPLIES<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | 10/15/98               | 3.02<br>-MEMO-                          |
| I. Full Name, Mailing Address and ZIP Code                        | Purpose of Disbursement                                                                                                                                       | Date (month day, year) | Amount of Each Disbursement This Period |
| PAPER WAREHOUSE<br>1817 STARING LN.<br>BATON ROUGE, LA 70808      | FUND RAISER - SUPPLIES<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | 10/15/98               | 35.64<br>-MEMO-                         |
| SUBTOTAL of Disbursements This Page (optional)                    |                                                                                                                                                               |                        | 2,190.13                                |
| 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)

McKeithen For Congress

| A. Full Name, Mailing Address and ZIP Code                                                                                          | Purpose of Disbursement                                                                                                                                  | Date (month day, year) | Amount of Each Disbursement This Period |
|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------|
| SHORR & ASSOCIATES MEDIA ACCT<br>1831 CHESTNUT ST. STE. 602<br>PHILADELPHIA, PA 19103                                               | TELEVISION: MEDIA BUY<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 10/16/98               | 18,000.00                               |
| B. Full Name, Mailing Address and ZIP Code<br>KINKO'S<br>525 FLORIDA BLVD<br>BATON ROUGE, LA 70801                                  | PRINTING<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)              | 10/16/98               | 31.21                                   |
| C. Full Name, Mailing Address and ZIP Code<br>SCOTT H. MERIDITH OFFICE<br>P.O. BOX 730<br>COLUMBIA, LA 71418                        | MAILLOT EXPENSES<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | 10/19/98               | 240.50                                  |
| D. Full Name, Mailing Address and ZIP Code<br>U.S. POSTAL SERVICE<br>AUDUBON STATION<br>BATON ROUGE, LA 70806                       | POSTAGE<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)               | 10/19/98               | 50.00                                   |
| E. Full Name, Mailing Address and ZIP Code<br>POINTE COUPEE BANNER<br>P.O. BOX 400<br>NEW ROADS, LA 70760                           | ADVERTISEMENT<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | 10/20/98               | 122.50                                  |
| F. Full Name, Mailing Address and ZIP Code<br>PRINTWORKS<br>4700 HOWARD AVE.<br>NEW ORLEANS, LA 70125                               | CAMPAIGN PARA.-SIGNS<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  | 10/21/98               | 1,818.94                                |
| G. Full Name, Mailing Address and ZIP Code<br>STEARNS CONSULTING, INC.<br>174 RIPLEY<br>SAN FRANCISCO, CA 94110                     | MAILLOT<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)               | 10/21/98               | 9,882.65                                |
| H. Full Name, Mailing Address and ZIP Code<br>SHORR & ASSOCIATES MEDIA ACCT<br>1831 CHESTNUT ST. STE. 602<br>PHILADELPHIA, PA 19103 | TELEVISION: MEDIA BUY<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 10/22/98               | 20,000.00                               |
| I. Full Name, Mailing Address and ZIP Code<br>UPS<br>P.O. BOX 505820<br>THE LAKES, NV 88905                                         | DELIVERY & SHIP<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | 10/22/98               | 6.75                                    |
| SUBTOTAL of Disbursements This Page (optional)                                                                                      |                                                                                                                                                          |                        | 50,152.55                               |
| TOTAL This Period (last page this line number only)                                                                                 |                                                                                                                                                          |                        |                                         |

## SCHEDULE B

## ITEMIZED DISBURSEMENTS

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## NAME OF COMMITTEE (In Full)

McKeithen For Congress

| A. Full Name, Mailing Address and ZIP Code                                                                                          | Purpose of Disbursement                                                                                                                                       | Date (month day, year) | Amount of Each Disbursement This Period |
|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------|
| AIRBORNE EXPRESS<br>P.O. BOX 91001<br>SEATTLE, WA 98111                                                                             | DELIVERY & SHIP<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | 10/22/98               | 10.50                                   |
| B. Full Name, Mailing Address and ZIP Code<br>EXECUTONE OF CENTRAL LA, INC.<br>P.O. BOX 15449<br>BATON ROUGE, LA 70895              | TELEPHONE<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                  | 10/22/98               | 170.64                                  |
| C. Full Name, Mailing Address and ZIP Code<br>TEL AMERICA<br>263 THIRD ST.<br>BATON ROUGE, LA 70801                                 | TELEPHONE<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                  | 10/22/98               | 424.09                                  |
| D. Full Name, Mailing Address and ZIP Code<br>EATEL<br>P.O. BOX 60839<br>NEW ORLEANS, LA 70160                                      | TELEPHONE<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                  | 10/22/98               | 365.85                                  |
| E. Full Name, Mailing Address and ZIP Code<br>SHORR & ASSOCIATES MEDIA ACCT<br>1831 CHESTNUT ST. STE. 602<br>PHILADELPHIA, PA 19103 | TELEVISION: MEDIA BUY<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | 10/23/98               | 25,000.00                               |
| F. Full Name, Mailing Address and ZIP Code<br>LABOR LOCAL 1177<br>1233 GOVERNMENT ST.<br>BATON ROUGE, LA 70802                      | RENTAL - TABLES AND CHAIRS<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 10/23/98               | 100.00                                  |
| G. Full Name, Mailing Address and ZIP Code<br>ACTION MEDIA<br>PO BOX 1450<br>INDEPENDENCE, LA 70443                                 | ADVERTISEMENT<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)              | 10/23/98               | 450.00                                  |
| H. Full Name, Mailing Address and ZIP Code<br>U.S. POSTAL SERVICE<br>AUDUBON STATION<br>BATON ROUGE, LA 70806                       | POSTAGE<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                    | 10/23/98               | 54.00                                   |
| I. Full Name, Mailing Address and ZIP Code<br>WBRZ - PRODUCTION<br>1650 HIGHLAND RD.<br>BATON ROUGE, LA 70802                       | TELEVISION: PRODUCTION<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | 10/23/98               | 3,455.57                                |
| SUBTOTAL of Disbursements This Page (optional)                                                                                      |                                                                                                                                                               |                        | 30,040.65                               |
| TOTAL This Period (last page this line number only)                                                                                 |                                                                                                                                                               |                        |                                         |

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## ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in full)

McKeithen For Congress

| A. Full Name, Mailing Address and ZIP Code                                                                                              | Purpose of Disbursement                                                                                                                                   | Date (month day, year) | Amount of Each Disbursement This Period |
|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------|
| MAYER - KNOX - AMISS AGENCY, INC.<br>P.O. DRAWER 64689<br>BATON ROUGE, LA 70896                                                         | INSURANCE<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)              | 10/23/98               | 787.50                                  |
| B. Full Name, Mailing Address and ZIP Code<br>OFFICE DEPOT<br>7074 SIEGAN LN.<br>BATON ROUGE, LA 70809                                  | OFFICE EXPENSE<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | 10/24/98               | 72.62                                   |
| C. Full Name, Mailing Address and ZIP Code<br>SHORR & ASSOCIATES MEDIA ACCOUNTS<br>1831 CHESTNUT ST. STE. 602<br>PHILADELPHIA, PA 19103 | TELEVISION: MEDIA BUY<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  | 10/26/98               | 25,000.00                               |
| D. Full Name, Mailing Address and ZIP Code<br>DIGITRAX PRODUCTIONS<br>12646 PERKINS RD.<br>BATON ROUGE, LA 70810                        | RADIO: RADIO-PROD.<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | 10/26/98               | 450.00                                  |
| E. Full Name, Mailing Address and ZIP Code<br>CITYWIDE BROADCASTING<br>650 WOODDALE BLVD.<br>BATON ROUGE, LA 70806                      | RADIO: AIR BUY<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | 10/26/98               | 5,014.00                                |
| F. Full Name, Mailing Address and ZIP Code<br>WBRZ - PRODUCTION<br>1650 HIGHLAND RD.<br>BATON ROUGE, LA 70802                           | TELEVISION: PRODUCTION<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 10/26/98               | 1,428.00                                |
| G. Full Name, Mailing Address and ZIP Code<br>BELL SOUTH<br>85 ANNEX<br>ATLANTA, GA 30385                                               | TELEPHONE<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)              | 10/26/98               | 1,490.46                                |
| H. Full Name, Mailing Address and ZIP Code<br>SHORR & ASSOCIATES MEDIA ACCOUNTS<br>1831 CHESTNUT ST. STE. 602<br>PHILADELPHIA, PA 19103 | TELEVISION: MEDIA BUY<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  | 10/27/98               | 13,000.00                               |
| I. Full Name, Mailing Address and ZIP Code<br>SATTEFIELD'S RESTAURANT<br>MAIN ST.<br>NEW ROADS, LA                                      | RALLY-CATERING<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | 10/27/98               | 119.00                                  |
| SUBTOTAL of Disbursements This Page (optional)                                                                                          |                                                                                                                                                           |                        | 47,361.58                               |
| TOTAL This Period (last page this line number only)                                                                                     |                                                                                                                                                           |                        |                                         |

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (in Full)

McKeithen For Congress

| A. Full Name, Mailing Address and ZIP Code                                    | Purpose of Disbursement                                                                                                                                | Date (month day, year) | Amount of Each Disbursement This Period |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------|
| SATTERFIELD'S RESTAURANT<br>MAIN ST.<br>NEW ROADS, LA                         | CATERING<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | 10/27/98               | 200.00                                  |
| B. Full Name, Mailing Address and ZIP Code                                    | Purpose of Disbursement                                                                                                                                | Date (month day, year) | Amount of Each Disbursement This Period |
| DOUG OWENS BAND<br>3530 SIDNEY WOODS RD.<br>HOLDEN, LA 70744                  | BAND<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | 10/27/98               | 250.00                                  |
| C. Full Name, Mailing Address and ZIP Code                                    | Purpose of Disbursement                                                                                                                                | Date (month day, year) | Amount of Each Disbursement This Period |
| URBAN LEADER NEWSPAPER<br>P.O. BOX 53554<br>BATON ROUGE, LA 70892             | ADVERTISEMENT<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | 10/27/98               | 400.00                                  |
| D. Full Name, Mailing Address and ZIP Code                                    | Purpose of Disbursement                                                                                                                                | Date (month day, year) | Amount of Each Disbursement This Period |
| KINKO'S<br>525 FLORIDA BLVD<br>BATON ROUGE, LA 70801                          | PRINTING<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | 10/27/98               | 67.28                                   |
| E. Full Name, Mailing Address and ZIP Code                                    | Purpose of Disbursement                                                                                                                                | Date (month day, year) | Amount of Each Disbursement This Period |
| OFFICE DEPOT<br>7074 SIEGAN LN.<br>BATON ROUGE, LA 70809                      | OFFICE EXPENSE<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | 10/28/98               | 34.55                                   |
| F. Full Name, Mailing Address and ZIP Code                                    | Purpose of Disbursement                                                                                                                                | Date (month day, year) | Amount of Each Disbursement This Period |
| DENHAM SPRINGS-LIV. PAR. NEWS<br>688 HATCHELL LN.<br>DENHAM SPRINGS, LA 70726 | ADVERTISEMENT<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | 10/28/98               | 756.00                                  |
| G. Full Name, Mailing Address and ZIP Code                                    | Purpose of Disbursement                                                                                                                                | Date (month day, year) | Amount of Each Disbursement This Period |
| ACTION MEDIA<br>PO BOX 1450<br>INDEPENDENCE, LA 70443                         | ADVERTISEMENT<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | 10/28/98               | 200.00                                  |
| H. Full Name, Mailing Address and ZIP Code                                    | Purpose of Disbursement                                                                                                                                | Date (month day, year) | Amount of Each Disbursement This Period |
| PRINTWORKS<br>4700 HOWARD AVE.<br>NEW ORLEANS, LA 70125                       | CAMPAIGN PARA-SIGNS<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 10/28/98               | 4,004.00                                |
| I. Full Name, Mailing Address and ZIP Code                                    | Purpose of Disbursement                                                                                                                                | Date (month day, year) | Amount of Each Disbursement This Period |
| U.S. POSTAL SERVICE<br>AUDUBON STATION<br>BATON ROUGE, LA 70806               | POSTAGE<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | 10/28/98               | 688.00                                  |
| SUBTOTAL of Disbursements This Page (optional)                                |                                                                                                                                                        |                        | 6,599.83                                |
| TOTAL This Period (last page this line number only)                           |                                                                                                                                                        |                        |                                         |

## SCHEDULE B

## ITEMIZED DISBURSEMENTS

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## NAME OF COMMITTEE (In Full)

McKeithen For Congress

| A. Full Name, Mailing Address and ZIP Code                                                                                             | Purpose of Disbursement                                                                                                                                    | Date (month day, year) | Amount of Each Disbursement This Period |
|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------|
| WBRZ - PRODUCTION<br>1650 HIGHLAND RD.<br>BATON ROUGE, LA 70802                                                                        | TELEVISION: PRODUCTION<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  | 10/29/98               | 21.25                                   |
| B. Full Name, Mailing Address and ZIP Code<br>SHORR & ASSOCIATES MEDIA ACCOUNT<br>1831 CHESTNUT ST. STE. 602<br>PHILADELPHIA, PA 19103 | TELEVISION: MEDIA BUY<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   | 10/30/98               | 6,000.00                                |
| C. Full Name, Mailing Address and ZIP Code<br>LIBERTY BANK<br>P.O. BOX<br>BATON ROUGE, LA 70874                                        | BANK CHARGE-WIRE FEES<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   | 10/30/98               | 198.00                                  |
| D. Full Name, Mailing Address and ZIP Code<br>LIBERTY BANK<br>P.O. BOX<br>BATON ROUGE, LA 70874                                        | BANK CHARGE-SERVICE FEE<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 10/30/98               | 17.00                                   |
| E. Full Name, Mailing Address and ZIP Code<br>OFFICE DEPOT<br>7074 SIEGAN LN.<br>BATON ROUGE, LA 70809                                 | OFFICE EXPENSE<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | 10/30/98               | 84.64                                   |
| F. Full Name, Mailing Address and ZIP Code<br>MALLORY MOORE<br>4764 ORCHID ST.<br>BATON ROUGE, LA 70808                                | CONTRACT SERV.<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | 10/30/98               | 1,000.00                                |
| G. Full Name, Mailing Address and ZIP Code<br>MARY C. HOFFMAN<br>12539 E. SHERATON<br>BATON ROUGE, LA 70815                            | CONTRACT SERV.<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | 10/30/98               | 812.50                                  |
| H. Full Name, Mailing Address and ZIP Code<br>DANA MEEKS<br>920 ROBERT<br>NEW ORLEANS, LA 70115                                        | CONTRACT SERV.<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | 10/30/98               | 1,500.00                                |
| I. Full Name, Mailing Address and ZIP Code<br>DARLENE FIELDS<br>3176 JOYCE DR.<br>BATON ROUGE, LA 70809                                | CONTRACT SERV.<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | 10/30/98               | 2,000.00                                |
| SUBTOTAL of Disbursements This Page (optional)                                                                                         |                                                                                                                                                            |                        | 11,633.39                               |
| TOTAL This Period (last page this line number only)                                                                                    |                                                                                                                                                            |                        |                                         |

## SCHEDULE B

## ITEMIZED DISBURSEMENTS

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## NAME OF COMMITTEE (In Full)

McKeithen For Congress

| A. Full Name, Mailing Address and ZIP Code                        | Purpose of Disbursement                                                                                                                              | Date (month day, year) | Amount of Each Disbursement This Period |
|-------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------|
| WILLIAM B. MCMAHON<br>3936 HYACINTH AVE.<br>BATON ROUGE, LA 70808 | CONTRACT SERV.<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    | 10/30/98               | 1,000.00                                |
| B. Full Name, Mailing Address and ZIP Code                        | Purpose of Disbursement                                                                                                                              | Date (month day, year) | Amount of Each Disbursement This Period |
| CHARLES DIEI<br>907 BROMLEY DR.<br>BATON ROUGE, LA 70808          | CONTRACT SERV.<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    | 10/30/98               | 150.00                                  |
| C. Full Name, Mailing Address and ZIP Code                        | Purpose of Disbursement                                                                                                                              | Date (month day, year) | Amount of Each Disbursement This Period |
| PHILLIP BAKER<br>P.O. BOX 1983<br>BATON ROUGE, LA 70821           | CONTRACT SERV.<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    | 10/30/98               | 250.00                                  |
| D. Full Name, Mailing Address and ZIP Code                        | Purpose of Disbursement                                                                                                                              | Date (month day, year) | Amount of Each Disbursement This Period |
| ALLEN COBURN<br>12022 BURGESS AVE.<br>WALKER, LA 70785            | CONTRACT SERV.<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    | 10/30/98               | 500.00                                  |
| E. Full Name, Mailing Address and ZIP Code                        | Purpose of Disbursement                                                                                                                              | Date (month day, year) | Amount of Each Disbursement This Period |
| CHARLOTTE CANTWELL<br>1222 APPLEWOOD RD.<br>BATON ROUGE, LA 70808 | CONTRACT SERV.<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    | 10/30/98               | 250.00                                  |
| F. Full Name, Mailing Address and ZIP Code                        | Purpose of Disbursement                                                                                                                              | Date (month day, year) | Amount of Each Disbursement This Period |
| DANA MEEKS<br>920 ROBERT<br>NEW ORLEANS, LA 70115                 | ATTRIBUTION BELOW<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 10/30/98               | 336.85                                  |
| G. Full Name, Mailing Address and ZIP Code                        | Purpose of Disbursement                                                                                                                              | Date (month day, year) | Amount of Each Disbursement This Period |
| SACETRAC<br>7102 SEIGAN LN<br>BATON ROUGE, LA 70810               | GASOLINE<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | 10/30/98               | 55.30<br>-MEMO-                         |
| H. Full Name, Mailing Address and ZIP Code                        | Purpose of Disbursement                                                                                                                              | Date (month day, year) | Amount of Each Disbursement This Period |
| EAGLE EXPRESS<br>510 ST. FERDINAND<br>BATON ROUGE, LA 70802       | GASOLINE<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | 10/30/98               | 41.79<br>-MEMO-                         |
| I. Full Name, Mailing Address and ZIP Code                        | Purpose of Disbursement                                                                                                                              | Date (month day, year) | Amount of Each Disbursement This Period |
| CHEVRON<br>4708 HWY. 51<br>LAPLACE, LA                            | GASOLINE<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | 10/30/98               | 19.54<br>-MEMO-                         |

SUBTOTAL of Disbursements This Page (optional)

2,486.85

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)

McKeithen For Congress

|   | A. Full Name, Mailing Address and ZIP Code                                                                             | Purpose of Disbursement                                                                                                                              | Date (month day, year) | Amount of Each Disbursement This Period |
|---|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------|
| * | HENRY'S TEXACO<br>2401 S. CARROLLTON<br>NEW ORLEANS, LA                                                                | GASOLINE<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | 10/30/98               | 43.44<br>-MEMO-                         |
| * | B. Full Name, Mailing Address and ZIP Code<br><br>LA DISCOUNT<br>1641 LOUISIANA AVE.<br>NEW ORLEANS, LA                | GASOLINE<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | 10/30/98               | 81.91<br>-MEMO-                         |
| * | C. Full Name, Mailing Address and ZIP Code<br><br>SPEED/SM 9059<br>10174 AIRLINE HWY<br>BATON ROUGE, LA                | GASOLINE<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | 10/30/98               | 15.36<br>-MEMO-                         |
| * | D. Full Name, Mailing Address and ZIP Code<br><br>FRENCH MARKET PARKING<br>1006 N. PETERS ST.<br>NEW ORLEANS, LA 70130 | GASOLINE<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | 10/30/98               | 16.00<br>-MEMO-                         |
| * | E. Full Name, Mailing Address and ZIP Code<br><br>WMS/VETS SHELL<br>2721 WILLIAMS BLVD.<br>NEW ORLEANS, LA 70062       | GASOLINE<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | 10/30/98               | 63.51<br>-MEMO-                         |
|   | F. Full Name, Mailing Address and ZIP Code<br><br>SCOTT HUFFSTETTLER<br>1045 TRACI<br>DENHAM SPRINGS, LA 70726         | ATTRIBUTION BELOW<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 10/30/98               | 30.55                                   |
| * | G. Full Name, Mailing Address and ZIP Code<br><br>OFFICE DEPOT<br>3116 COLLEGE DR.<br>BATON ROUGE, LA 70808            | OFFICE SUPPLIES<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   | 10/30/98               | 30.55<br>-MEMO-                         |
|   | H. Full Name, Mailing Address and ZIP Code<br><br>GERRY LANE ENTERPRISES<br>P.O. BOX 66456<br>BATON ROUGE, LA 70896    | AUTOMOBILE RENT<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   | 10/30/98               | 445.50                                  |
|   | I. Full Name, Mailing Address and ZIP Code<br><br>AIRBORNE EXPRESS<br>P.O. BOX 91001<br>SEATTLE, WA 98111              | DELIVERY & SHIP<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   | 10/30/98               | 17.25                                   |

SUBTOTAL of Disbursements This Page (optional) ..... 493.30

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (in Full)

McKeithen For Congress

| A. Full Name, Mailing Address and ZIP Code                                  | Purpose of Disbursement                                                                                                                                  | Date (month day, year) | Amount of Each Disbursement This Period |
|-----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------|
| THE ASCENSION CITIZEN, INC.<br>231 W. CONERVIEW<br>GONZALES, LA 70737       | ADVERTISEMENT<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | 10/30/98               | 258.75                                  |
| B. Full Name, Mailing Address and ZIP Code                                  | Purpose of Disbursement                                                                                                                                  | Date (month day, year) | Amount of Each Disbursement This Period |
| UPS<br>P.O. BOX 505820<br>THE LAKES, NV 88905                               | DELIVERY & SHIP<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | 10/30/98               | 42.75                                   |
| C. Full Name, Mailing Address and ZIP Code                                  | Purpose of Disbursement                                                                                                                                  | Date (month day, year) | Amount of Each Disbursement This Period |
| RACHAL'S SPORTS PHOTOGRAPHY<br>1454 MAGNOLIA RIDGE<br>BATON ROUGE, LA 70816 | PHOTOGRAPHY<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | 10/30/98               | 24.83                                   |
| D. Full Name, Mailing Address and ZIP Code                                  | Purpose of Disbursement                                                                                                                                  | Date (month day, year) | Amount of Each Disbursement This Period |
| MALLORY MOORE<br>4764 ORCHID ST.<br>BATON ROUGE, LA 70808                   | ATTRIBUTION BELOW<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | 10/30/98               | 137.02                                  |
| E. Full Name, Mailing Address and ZIP Code                                  | Purpose of Disbursement                                                                                                                                  | Date (month day, year) | Amount of Each Disbursement This Period |
| CONTINENTAL QUICKPAK<br>PO BOX 4607<br>HOUSTON, TX 77210                    | DELIVERY & SHIPPING<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   | 10/30/98               | 49.00<br>-MEMO-                         |
| F. Full Name, Mailing Address and ZIP Code                                  | Purpose of Disbursement                                                                                                                                  | Date (month day, year) | Amount of Each Disbursement This Period |
| WERZ PRODUCTION<br>HIGHLAND RD.<br>BATON ROUGE, LA                          | TAPE COPIES<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | 10/30/98               | 21.25<br>-MEMO-                         |
| G. Full Name, Mailing Address and ZIP Code                                  | Purpose of Disbursement                                                                                                                                  | Date (month day, year) | Amount of Each Disbursement This Period |
| WAL-MART<br>PERKINS RD.<br>BATON ROUGE, LA                                  | OFFICE SUPPLIES<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | 10/30/98               | 66.77<br>-MEMO-                         |
| H. Full Name, Mailing Address and ZIP Code                                  | Purpose of Disbursement                                                                                                                                  | Date (month day, year) | Amount of Each Disbursement This Period |
| DIGITAL FX, INC.<br>12646 PERKINS RD.<br>BATON ROUGE, LA 70810              | TELEVISION PRODUCTION<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 10/30/98               | 1,013.20                                |
| I. Full Name, Mailing Address and ZIP Code                                  | Purpose of Disbursement                                                                                                                                  | Date (month day, year) | Amount of Each Disbursement This Period |
| CAT COUNTRY 100.7<br>929-B GOVERNMENT ST<br>BATON ROUGE, LA 70802           | RADIO AIR BUY<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | 10/30/98               | 2,590.00                                |

SUBTOTAL of Disbursements This Page (optional)

4,066.55

TOTAL This Period (last page this line number only)

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

McKeithen For Congress

| A. Full Name, Mailing Address and ZIP Code                                    | Purpose of Disbursement                                                                                                                                    | Date (month day, year) | Amount of Each Disbursement This Period |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------|
| CITYWIDE BROADCASTING<br>650 WOODDALE BLVD.<br>BATON ROUGE, LA 70806          | RADIO: AIR BUY<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | 10/30/98               | 2,500.00                                |
| B. Full Name, Mailing Address and ZIP Code                                    | Purpose of Disbursement                                                                                                                                    | Date (month day, year) | Amount of Each Disbursement This Period |
| GULF STAR COMMUNICATIONS<br>5555 HILTON AVE. STE 500<br>BATON ROUGE, LA 70808 | RADIO: AIR BUY<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | 10/30/98               | 2,144.55                                |
| C. Full Name, Mailing Address and ZIP Code                                    | Purpose of Disbursement                                                                                                                                    | Date (month day, year) | Amount of Each Disbursement This Period |
| OFFICE DEPOT<br>7074 SIEGAN LN.<br>BATON ROUGE, LA 70809                      | OFFICE EXPENSE<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | 11/01/98               | 30.76                                   |
| D. Full Name, Mailing Address and ZIP Code                                    | Purpose of Disbursement                                                                                                                                    | Date (month day, year) | Amount of Each Disbursement This Period |
| BELL SOUTH<br>85 ANNEX<br>ATLANTA, GA 30385                                   | TELEPHONE<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)               | 11/02/98               | 275.00                                  |
| E. Full Name, Mailing Address and ZIP Code                                    | Purpose of Disbursement                                                                                                                                    | Date (month day, year) | Amount of Each Disbursement This Period |
| WAL-MART<br>PERKINS RD.<br>BATON ROUGE, LA 70808                              | OFFICE EXPENSE<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | 11/02/98               | 58.66                                   |
| F. Full Name, Mailing Address and ZIP Code                                    | Purpose of Disbursement                                                                                                                                    | Date (month day, year) | Amount of Each Disbursement This Period |
| WBRZ - PRODUCTION<br>1650 HIGHLAND RD.<br>BATON ROUGE, LA 70802               | TELEVISION: PRODUCTION<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  | 11/02/98               | 280.50                                  |
| G. Full Name, Mailing Address and ZIP Code                                    | Purpose of Disbursement                                                                                                                                    | Date (month day, year) | Amount of Each Disbursement This Period |
| PARTY TIME #2<br>9601 AIRLINE HWY<br>BATON ROUGE, LA 70815                    | SUPPLIES-ELECTION NIGHT<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 11/03/98               | 44.23                                   |
| H. Full Name, Mailing Address and ZIP Code                                    | Purpose of Disbursement                                                                                                                                    | Date (month day, year) | Amount of Each Disbursement This Period |
| OFFICE DEPOT<br>7074 SIEGAN LN.<br>BATON ROUGE, LA 70809                      | SUPPLIES<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | 11/03/98               | 9.16                                    |
| I. Full Name, Mailing Address and ZIP Code                                    | Purpose of Disbursement                                                                                                                                    | Date (month day, year) | Amount of Each Disbursement This Period |
| PRINCE MURAT HOTEL<br>1480 NICHOLSON DR.<br>BATON ROUGE, LA 70802             | CATERING-ELECTION NIGHT<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 11/03/98               | 996.50                                  |
| SUBTOTAL of Disbursements This Page (optional)                                |                                                                                                                                                            |                        | 6,339.36                                |
| TOTAL This Period (last page this line number only)                           |                                                                                                                                                            |                        |                                         |

## SCHEDULE B

## ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)

McKeithen For Congress

| A. Full Name, Mailing Address and ZIP Code                                                                                  | Purpose of Disbursement                                                                                                                           | Date (month day, year) | Amount of Each Disbursement This Period |
|-----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------|
| CHARLOTTE CANTWELL<br>1222 APPLEWOOD RD.<br>BATON ROUGE, LA 70808                                                           | CONTRACT SERV.<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 11/03/98               | 250.00                                  |
| B. Full Name, Mailing Address and ZIP Code<br>BAKER OBSERVER<br>5240 GROOM RD.<br>BAKER, LA 70714                           | ADVERTISEMENT<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  | 11/06/98               | 630.00                                  |
| C. Full Name, Mailing Address and ZIP Code<br>ST. HELENA ECHO<br>PO BOX 698<br>AMITE, LA 70422                              | ADVERTISEMENT<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  | 11/06/98               | 129.00                                  |
| D. Full Name, Mailing Address and ZIP Code<br>DENHAM SPRINGS-LIV. PAR. NEWS<br>688 HATCHELL LN.<br>DENHAM SPRINGS, LA 70726 | ADVERTISEMENT<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  | 11/09/98               | 384.00                                  |
| E. Full Name, Mailing Address and ZIP Code<br>GONZALES WEEKLY<br>P.O. 38<br>GONZALES, LA 70707                              | ADVERTISEMENT<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  | 11/09/98               | 178.67                                  |
| F. Full Name, Mailing Address and ZIP Code<br>POINTE COUPEE BANNER<br>P.O. BOX 400<br>NEW ROADS, LA 70760                   | ADVERTISEMENT<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  | 11/09/98               | 157.50                                  |
| G. Full Name, Mailing Address and ZIP Code<br>WEST SIDE JOURNAL<br>668 N. JEFFERSON<br>PORT ALLEN, LA 70767                 | ADVERTISEMENT<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  | 11/09/98               | 147.51                                  |
| H. Full Name, Mailing Address and ZIP Code<br>PLAQUEMINE POST SOUTH<br>58650 BELLVIEW RD.<br>PLAQUEMINE, LA 70764           | ADVERTISEMENT<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  | 11/09/98               | 144.90                                  |
| I. Full Name, Mailing Address and ZIP Code<br>MALLORY MOORE<br>4764 ORCHID ST.<br>BATON ROUGE, LA 70808                     | CONTRACT SERV.<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 11/09/98               | 2,000.00                                |
| SUBTOTAL of Disbursements This Page (optional)                                                                              |                                                                                                                                                   |                        | 4,021.58                                |
| TOTAL This Period (last page this line number only)                                                                         |                                                                                                                                                   |                        |                                         |

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (in Full)**

McKeithen For Congress

| A. Full Name, Mailing Address and ZIP Code                               | Purpose of Disbursement                                                                                                                                           | Date (month day, year) | Amount of Each Disbursement This Period |
|--------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------|
| WILLIAM B. MCMAHON<br>3936 HYACINTH AVE.<br>BATON ROUGE, LA 70808        | CONTRACT SERV.<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                 | 11/09/98               | 150.00                                  |
| B. Full Name, Mailing Address and ZIP Code                               | Purpose of Disbursement                                                                                                                                           | Date (month day, year) | Amount of Each Disbursement This Period |
| DANA MEEKS<br>920 ROBERT<br>NEW ORLEANS, LA 70115                        | CONTRACT SERV.<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                 | 11/09/98               | 1,500.00                                |
| C. Full Name, Mailing Address and ZIP Code                               | Purpose of Disbursement                                                                                                                                           | Date (month day, year) | Amount of Each Disbursement This Period |
| PHILLIP BAKER<br>P.O. BOX 1983<br>BATON ROUGE, LA 70821                  | CONTRACT SERV.<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                 | 11/09/98               | 500.00                                  |
| D. Full Name, Mailing Address and ZIP Code                               | Purpose of Disbursement                                                                                                                                           | Date (month day, year) | Amount of Each Disbursement This Period |
| DANNY FORD<br>1556 ABERDEEN<br>BATON ROUGE, LA 70808                     | CONTRACT SERV. - POST ELECTION<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 11/09/98               | 500.00                                  |
| E. Full Name, Mailing Address and ZIP Code                               | Purpose of Disbursement                                                                                                                                           | Date (month day, year) | Amount of Each Disbursement This Period |
| DARLENE FIELDS<br>3176 JOYCE DR.<br>BATON ROUGE, LA 70809                | CONTRACT SERV.<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                 | 11/09/98               | 2,000.00                                |
| F. Full Name, Mailing Address and ZIP Code                               | Purpose of Disbursement                                                                                                                                           | Date (month day, year) | Amount of Each Disbursement This Period |
| CHARLES DIEL<br>907 BROMLEY DR.<br>BATON ROUGE, LA 70808                 | ATTRIBUTION BELOW<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)              | 11/09/98               | 12.00                                   |
| G. Full Name, Mailing Address and ZIP Code                               | Purpose of Disbursement                                                                                                                                           | Date (month day, year) | Amount of Each Disbursement This Period |
| WVLA TV<br>5555 ESSEN LN.<br>BATON ROUGE, LA                             | TAPE COPIES<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                    | 11/09/98               | 12.00<br>-MEMO-                         |
| H. Full Name, Mailing Address and ZIP Code                               | Purpose of Disbursement                                                                                                                                           | Date (month day, year) | Amount of Each Disbursement This Period |
| GREG EATON<br>P.O. BOX 61964<br>NEW ORLEANS, LA                          | OFFICE RENT<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                    | 11/09/98               | 500.00                                  |
| I. Full Name, Mailing Address and ZIP Code                               | Purpose of Disbursement                                                                                                                                           | Date (month day, year) | Amount of Each Disbursement This Period |
| CLEO FIELDS CAMPAIGN FUND<br>2147 GOVERNMENT ST<br>BATON ROUGE, LA 70806 | COMPUTER RENTAL 2WKS.<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | 11/09/98               | 1,000.00                                |

**SUBTOTAL** of Disbursements This Page (optional) ..... 6,162.00

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

McKeithen For Congress

| A. Full Name, Mailing Address and ZIP Code                              | Purpose of Disbursement                                                                                                                                      | Date (month day, year) | Amount of Each Disbursement This Period |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------|
| PRINTWORKS<br>4700 HOWARD AVE.<br>NEW ORLEANS, LA 70125                 | CAMPAIGN PARA.<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | 11/09/98               | 486.13                                  |
| B. Full Name, Mailing Address and ZIP Code                              | Purpose of Disbursement                                                                                                                                      | Date (month day, year) | Amount of Each Disbursement This Period |
| ENTERGY<br>P.O. BOX 61009<br>NEW ORLEANS, LA 70161                      | UTILITIES<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                 | 11/09/98               | 489.81                                  |
| C. Full Name, Mailing Address and ZIP Code                              | Purpose of Disbursement                                                                                                                                      | Date (month day, year) | Amount of Each Disbursement This Period |
| IMAGES<br>2075 N. AIRWAY<br>BATON ROUGE, LA 70815                       | CAMPAIGN PARA.-TEE SHIRTS<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 11/09/98               | 945.00                                  |
| D. Full Name, Mailing Address and ZIP Code                              | Purpose of Disbursement                                                                                                                                      | Date (month day, year) | Amount of Each Disbursement This Period |
| TEL AMERICA<br>263 THIRD ST.<br>BATON ROUGE, LA 70801                   | TELEPHONE<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                 | 11/09/98               | 480.72                                  |
| E. Full Name, Mailing Address and ZIP Code                              | Purpose of Disbursement                                                                                                                                      | Date (month day, year) | Amount of Each Disbursement This Period |
| LOUISIANA VIDEO TAPE<br>5525 GALERIA DR. STE G<br>BATON ROUGE, LA 70816 | TAPR COPIES<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)               | 11/09/98               | 140.00                                  |
| F. Full Name, Mailing Address and ZIP Code                              | Purpose of Disbursement                                                                                                                                      | Date (month day, year) | Amount of Each Disbursement This Period |
| EATEL<br>P.O. BOX 60839<br>NEW ORLEANS, LA 70160                        | TELEPHONE<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                 | 11/09/98               | 517.30                                  |
| G. Full Name, Mailing Address and ZIP Code                              | Purpose of Disbursement                                                                                                                                      | Date (month day, year) | Amount of Each Disbursement This Period |
| PAPER & THINGS<br>7649 JEFFERSON HWY.<br>BATON ROUGE, LA 70809          | PRINTING-INVITATIONS<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | 11/09/98               | 175.50                                  |
| H. Full Name, Mailing Address and ZIP Code                              | Purpose of Disbursement                                                                                                                                      | Date (month day, year) | Amount of Each Disbursement This Period |
| UPS<br>P.O. BOX 505820<br>THE LAKES, NV 88905                           | DELIVERY & SHIP<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | 11/09/98               | 24.00                                   |
| I. Full Name, Mailing Address and ZIP Code                              | Purpose of Disbursement                                                                                                                                      | Date (month day, year) | Amount of Each Disbursement This Period |
| THE ASCENTION CITIZEN, INC.<br>231 W. CONERVIEW<br>GONZALES, LA 70737   | ADVERTISEMENT<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | 11/09/98               | 258.75                                  |
| SUBTOTAL of Disbursements This Page (optional)                          |                                                                                                                                                              |                        | 3,517.21                                |
| TOTAL This Period (last page this line number only)                     |                                                                                                                                                              |                        |                                         |

## SCHEDULE B

## ITEMIZED DISBURSEMENTS

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## NAME OF COMMITTEE (In Full)

McKeithen For Congress

| A. Full Name, Mailing Address and ZIP Code                                                                      | Purpose of Disbursement                                                                                                                                                                     | Date (month day, year) | Amount of Each Disbursement This Period |
|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------|
| CHARLOTTE CANTWELL<br>1222 APPLEWOOD RD.<br>BATON ROUGE, LA 70808                                               | CONTRACT SERV.<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                           | 11/09/98               | 250.00                                  |
| B. Full Name, Mailing Address and ZIP Code<br>CHARLOTTE CANTWELL<br>1222 APPLEWOOD RD.<br>BATON ROUGE, LA 70808 | Purpose of Disbursement<br>ATTRIBUTION BELOW<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | 11/09/98               | 55.25                                   |
| C. Full Name, Mailing Address and ZIP Code<br>KENILWORTH SUPERMARKET<br>HIGHLAND RD.<br>BATON ROUGE, LA 70808   | Purpose of Disbursement<br>ELECTION NIGHT - REFRESHMENTS<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 11/09/98               | 55.25<br>-MEMO-                         |
| D. Full Name, Mailing Address and ZIP Code<br>U.S. POSTAL SERVICE<br>AUDUBON STATION<br>BATON ROUGE, LA 70806   | Purpose of Disbursement<br>POSTAGE<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                       | 11/10/98               | 448.00                                  |
| E. Full Name, Mailing Address and ZIP Code<br>MALLORY MOORE<br>4764 ORCHID ST.<br>BATON ROUGE, LA 70808         | Purpose of Disbursement<br>ATTRIBUTION BELOW<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | 11/10/98               | 92.98                                   |
| F. Full Name, Mailing Address and ZIP Code<br>DELTA AIRLINES CARGO<br>1600 AVIATION BLVD.<br>ATLANTA, GA 30320  | Purpose of Disbursement<br>DELIVERY & SHIPPING<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | 11/10/98               | 54.19<br>-MEMO-                         |
| G. Full Name, Mailing Address and ZIP Code<br>LATIL'S<br>326 3RD ST.<br>BATON ROUGE, LA 70801                   | Purpose of Disbursement<br>OFFICE SUPPLIES<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)               | 11/10/98               | 18.79<br>-MEMO-                         |
| H. Full Name, Mailing Address and ZIP Code<br>CRACKER BARRELL CONVIENCE<br>STORE #3<br>BATON ROUGE, LA          | Purpose of Disbursement<br>GASOLINE<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                      | 11/10/98               | 20.00<br>-MEMO-                         |
| I. Full Name, Mailing Address and ZIP Code<br>TOMMIE MCMORRIS<br>PO BOX 16<br>TICKFAW, LA 70466                 | Purpose of Disbursement<br>BAND-ELECTION NIGHT<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | 11/11/98               | 250.00                                  |

SUBTOTAL of Disbursements This Page (optional)

1,096.23

TOTAL This Period (last page this line number only)

## SCHEDULE B

## ITEMIZED DISBURSEMENTS

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## NAME OF COMMITTEE (in Full)

McKeithen For Congress

| A. Full Name, Mailing Address and ZIP Code                                                                            | Purpose of Disbursement                                                                                                                                 | Date (month day, year) | Amount of Each Disbursement This Period |
|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------|
| PAST TIME<br>252 SOUTH BLVD.<br>BATON ROUGE, LA 70802                                                                 | MEETING REFRESHMENTS<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 11/11/98               | 23.22                                   |
| B. Full Name, Mailing Address and ZIP Code<br>PRINTWORKS<br>4700 HOWARD AVE.<br>NEW ORLEANS, LA 70125                 | CAMPAIGN PARA.<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | 11/11/98               | 364.00                                  |
| C. Full Name, Mailing Address and ZIP Code<br>MARY C. HOFFMAN<br>12539 E. SHERATON<br>BATON ROUGE                     | CONTRACT SERV.<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | 11/15/98               | 268.13                                  |
| D. Full Name, Mailing Address and ZIP Code<br>MALLORY MOORE<br>4764 ORCHID ST.<br>BATON ROUGE, LA 70808               | ATTRIBUTION BELOW<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    | 11/16/98               | 105.91                                  |
| * E. Full Name, Mailing Address and ZIP Code<br>COMP USA<br>6051 BLUEBONNET BLVD.<br>BATON ROUGE, LA 70809            | COMPUTER SUPPLIES<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    | 11/16/98               | 43.19<br>-MEMO-                         |
| * F. Full Name, Mailing Address and ZIP Code<br>OFFICE DEPOT<br>3116 COLLEGE DR.<br>BATON ROUGE, LA 70806             | OFFICE SUPPLIES<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | 11/16/98               | 62.72<br>-MEMO-                         |
| G. Full Name, Mailing Address and ZIP Code<br>BELL SOUTH<br>85 ANNEX<br>ATLANTA, GA 30385                             | TELEPHONE<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | 11/16/98               | 3,932.18                                |
| H. Full Name, Mailing Address and ZIP Code<br>MRI, INC.<br>3445 NORTH CAUSEWAY BLVD. #524<br>METAIRIE, LA 70002       | PHONE BANK<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | 11/16/98               | 18,330.48                               |
| I. Full Name, Mailing Address and ZIP Code<br>ZURICH YEILDWISE MONEY FUND<br>P.O. BOX 419151<br>KANSAS CITY, MO 64141 | WIRE AND SERVICE FEE<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 11/19/98               | 20.00                                   |
| SUBTOTAL of Disbursements This Page (optional)                                                                        |                                                                                                                                                         |                        | 23,043.92                               |
| TOTAL This Period (last page this line number only)                                                                   |                                                                                                                                                         |                        |                                         |



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (In Full)**

**McKeithen For Congress**

| A. Full Name, Mailing Address and ZIP Code                                    | Purpose of Disbursement<br>TELEPHONE<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)               | Date (month<br>day, year) | Amount of Each<br>Disbursement This Period |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------|
| BELL SOUTH MOBILITY<br>3111 S. SHERWOOD FOREST BLVD.<br>BATON ROUGE, LA 70815 |                                                                                                                                                                                       | 11/23/98                  | 289.23                                     |
| B. Full Name, Mailing Address and ZIP Code                                    | Purpose of Disbursement<br>DELIVERY & SHIP<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | Date (month<br>day, year) | Amount of Each<br>Disbursement This Period |
| UPS<br>P.O. BOX 505820<br>THE LAKES, NV 88905                                 |                                                                                                                                                                                       | 11/23/98                  | 32.00                                      |
| C. Full Name, Mailing Address and ZIP Code                                    | Purpose of Disbursement<br>ELECTION NIGHT CATERING<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month<br>day, year) | Amount of Each<br>Disbursement This Period |
| WINE AND SPIRITS FOUNDATION OF<br>575 NORTH 8TH ST.<br>BATON ROUGE, LA 70802  |                                                                                                                                                                                       | 11/23/98                  | 396.00                                     |
| D. Full Name, Mailing Address and ZIP Code                                    | Purpose of Disbursement<br>CONTRACT SERVICES<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | Date (month<br>day, year) | Amount of Each<br>Disbursement This Period |
| MARY C. HOFFMAN<br>12539 E. SHERATON<br>BATON ROUGE                           |                                                                                                                                                                                       | 11/23/98                  | 231.56                                     |
| E. Full Name, Mailing Address and ZIP Code                                    | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                            | Date (month<br>day, year) | Amount of Each<br>Disbursement This Period |
| F. Full Name, Mailing Address and ZIP Code                                    | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                            | Date (month<br>day, year) | Amount of Each<br>Disbursement This Period |
| G. Full Name, Mailing Address and ZIP Code                                    | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                            | Date (month<br>day, year) | Amount of Each<br>Disbursement This Period |
| H. Full Name, Mailing Address and ZIP Code                                    | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                            | Date (month<br>day, year) | Amount of Each<br>Disbursement This Period |
| I. Full Name, Mailing Address and ZIP Code                                    | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                            | Date (month<br>day, year) | Amount of Each<br>Disbursement This Period |
| SUBTOTAL of Disbursements This Page (optional)                                |                                                                                                                                                                                       |                           | 948.79                                     |
| TOTAL This Period (last page this line number only)                           |                                                                                                                                                                                       |                           | 207,032.05                                 |

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## ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

McKeithen For Congress

| A. Full Name, Mailing Address and ZIP Code                                                                         | Purpose of Disbursement<br>GENERAL-REFUND<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month<br>day, year) | Amount of Each<br>Disbursement This Period |
|--------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------|
| WADE SHOWS<br>1649 E. LAKESHORE DR.<br>BATON ROUGE, LA 70808                                                       |                                                                                                                                                                              | 10/15/98                  | 1,000.00                                   |
| B. Full Name, Mailing Address and ZIP Code<br>EDNA J. TINGLE<br>PO BOX 1029<br>COLUMBIA, LA 71418                  |                                                                                                                                                                              | 10/15/98                  | 1,000.00                                   |
| C. Full Name, Mailing Address and ZIP Code<br>T. G. SOLOMON<br>510 O'KEEFE AVE.<br>NEW ORLEANS, LA 70113           |                                                                                                                                                                              | 10/15/98                  | 1,000.00                                   |
| D. Full Name, Mailing Address and ZIP Code<br>WILLIAM P. MADDOX<br>502 SPANISH TOWN RD.<br>BATON ROUGE, LA 70802   |                                                                                                                                                                              | 10/15/98                  | 1,000.00                                   |
| E. Full Name, Mailing Address and ZIP Code<br>MARK J. MADDOX<br>1223 LOUISIANA ST.<br>JENA, LA 71342               |                                                                                                                                                                              | 10/15/98                  | 1,000.00                                   |
| F. Full Name, Mailing Address and ZIP Code<br>LARRY GETTYS<br>2207 CHERRYDALE<br>BATON ROUGE, LA 70809             |                                                                                                                                                                              | 10/15/98                  | 1,000.00                                   |
| G. Full Name, Mailing Address and ZIP Code<br>STEPHANIE GETTYS<br>2207 CHERRYDALE<br>BATON ROUGE, LA 70808         |                                                                                                                                                                              | 10/15/98                  | 1,000.00                                   |
| H. Full Name, Mailing Address and ZIP Code<br>CHRIS A. LACHAUSSEE<br>4608 JONES CREEK RD.<br>BATON ROUGE, LA 70817 |                                                                                                                                                                              | 10/15/98                  | 1,000.00                                   |
| I. Full Name, Mailing Address and ZIP Code<br>BOB G. DEAN, JR.<br>P.O. BOX 1351<br>BATON ROUGE, LA 70821           |                                                                                                                                                                              | 10/19/98                  | 1,000.00                                   |
| SUBTOTAL of Disbursements This Page (optional)                                                                     |                                                                                                                                                                              |                           | 9,000.00                                   |
| TOTAL This Period (last page this line number only)                                                                |                                                                                                                                                                              |                           |                                            |

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## ITEMIZED DISBURSEMENTS

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## NAME OF COMMITTEE (In Full)

McKeithen For Congress

| A. Full Name, Mailing Address and ZIP Code                          | Purpose of Disbursement<br>GENERAL - REFUND<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month<br>day, year) | Amount of Each<br>Disbursement This Period |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------|
| DANA R. BERNHARD<br>19322 S. LAKEWAY AVE.<br>BATON ROUGE, LA 70810  |                                                                                                                                                                                | 10/19/98                  | 1,000.00                                   |
| B. Full Name, Mailing Address and ZIP Code                          | Purpose of Disbursement<br>GENERAL - REFUND<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month<br>day, year) | Amount of Each<br>Disbursement This Period |
| JAMES M. BERNHARD<br>19322 S. LAKEWAY AVE.<br>BATON ROUGE, LA 70810 |                                                                                                                                                                                | 10/19/98                  | 1,000.00                                   |
| C. Full Name, Mailing Address and ZIP Code                          | Purpose of Disbursement<br>GENERAL - REFUND<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month<br>day, year) | Amount of Each<br>Disbursement This Period |
| RICHARD GREER<br>P.O. BOX 30100<br>SHREVEPORT, LA 71130             |                                                                                                                                                                                | 10/19/98                  | 1,000.00                                   |
| D. Full Name, Mailing Address and ZIP Code                          | Purpose of Disbursement<br>GENERAL - REFUND<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month<br>day, year) | Amount of Each<br>Disbursement This Period |
| ELLIS, APPLE & CO.<br>10839 PERKINS RD.<br>BATON ROUGE, LA 70810    |                                                                                                                                                                                | 10/19/98                  | 1,000.00                                   |
| E. Full Name, Mailing Address and ZIP Code                          | Purpose of Disbursement<br>GENERAL - REFUND<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month<br>day, year) | Amount of Each<br>Disbursement This Period |
| JANET BOLES CRAWFORD<br>7323 BOCAJE BLVD.<br>BATON ROUGE, LA 70809  |                                                                                                                                                                                | 10/19/98                  | 100.00                                     |
| F. Full Name, Mailing Address and ZIP Code                          | Purpose of Disbursement<br>GENERAL - REFUND<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month<br>day, year) | Amount of Each<br>Disbursement This Period |
| WILBUR W. WILLIAMS<br>1142 BLUEBELL DR.<br>BATON ROUGE, LA 70808    |                                                                                                                                                                                | 10/19/98                  | 100.00                                     |
| G. Full Name, Mailing Address and ZIP Code                          | Purpose of Disbursement<br>GENERAL - REFUND<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month<br>day, year) | Amount of Each<br>Disbursement This Period |
| GEORGE F. BROWN<br>575 N. 8TH ST.<br>BATON ROUGE, LA 70802          |                                                                                                                                                                                | 10/19/98                  | 200.00                                     |
| H. Full Name, Mailing Address and ZIP Code                          | Purpose of Disbursement<br>GENERAL - REFUND<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month<br>day, year) | Amount of Each<br>Disbursement This Period |
| MARY VIRGINIA BEVAN<br>19507 E. LAKEWAY<br>BATON ROUGE, LA 70810    |                                                                                                                                                                                | 10/19/98                  | 100.00                                     |
| I. Full Name, Mailing Address and ZIP Code                          | Purpose of Disbursement<br>GENERAL - REFUND<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month<br>day, year) | Amount of Each<br>Disbursement This Period |
| LEONARD KILGORE, III<br>500 HIGH LAKE<br>BATON ROUGE, LA 70810      |                                                                                                                                                                                | 10/19/98                  | 500.00                                     |

SUBTOTAL of Disbursements This Page (optional)

5,000.00

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NAME OF COMMITTEE (in Full)

McKeithen For Congress

| A. Full Name, Mailing Address and ZIP Code                               | Purpose of Disbursement<br>GENERAL-REFUND<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month<br>day, year) | Amount of Each<br>Disbursement This Period |
|--------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------|
| DANA M. COMBS<br>920 ROBERT ST.<br>NEW ORLEANS, LA 70115                 |                                                                                                                                                                              | 10/19/98                  | 1,000.00                                   |
| B. Full Name, Mailing Address and ZIP Code                               | Purpose of Disbursement<br>GENERAL-REFUND<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month<br>day, year) | Amount of Each<br>Disbursement This Period |
| WILLIAM PRESCOTT FOSTER, II<br>MARYLAND PLANTATION<br>FRANKLIN, LA 70538 |                                                                                                                                                                              | 11/09/98                  | 1,000.00                                   |
| C. Full Name, Mailing Address and ZIP Code                               | Purpose of Disbursement<br>GENERAL-REFUND<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month<br>day, year) | Amount of Each<br>Disbursement This Period |
| PRICE MOUNGER<br>703 HENRY CLAY AVE.<br>NEW ORLEANS, LA 70118            |                                                                                                                                                                              | 11/09/98                  | 500.00                                     |
| D. Full Name, Mailing Address and ZIP Code                               | Purpose of Disbursement<br>GENERAL-REFUND<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month<br>day, year) | Amount of Each<br>Disbursement This Period |
| WALTER C. DUMAS<br>1253 GOVERNMENT<br>BATON ROUGE, LA 70802              |                                                                                                                                                                              | 11/09/98                  | 160.00                                     |
| E. Full Name, Mailing Address and ZIP Code                               | Purpose of Disbursement<br>GENERAL-REFUND<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month<br>day, year) | Amount of Each<br>Disbursement This Period |
| JOHN LLOYD DAVIS<br>4102 LENOX PARK CIRCLE<br>ATLANTA, GA 30326          |                                                                                                                                                                              | 11/09/98                  | 2.00                                       |
| F. Full Name, Mailing Address and ZIP Code                               | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                   | Date (month<br>day, year) | Amount of Each<br>Disbursement This Period |
| G. Full Name, Mailing Address and ZIP Code                               | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                   | Date (month<br>day, year) | Amount of Each<br>Disbursement This Period |
| H. Full Name, Mailing Address and ZIP Code                               | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                   | Date (month<br>day, year) | Amount of Each<br>Disbursement This Period |
| I. Full Name, Mailing Address and ZIP Code                               | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                   | Date (month<br>day, year) | Amount of Each<br>Disbursement This Period |
| SUBTOTAL of Disbursements This Page (optional)                           |                                                                                                                                                                              |                           | 2,652.00                                   |
| TOTAL This Period (last page this line number only)                      |                                                                                                                                                                              |                           | 16,662.00                                  |

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 205

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

NAME OF COMMITTEE (In Full)

McKeithen For Congress

C00071365

| A. Full Name, Mailing Address and ZIP Code                             | Purpose of Disbursement                                                                                                                                    | Date (month day, year) | Amount of Each Disbursement This Period |
|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------|
| ASSN. OF TRIAL LAWYERS PAC<br>1050 31ST ST. NW<br>WASHINGTON, DC 20007 | GENERAL - REFUND<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | 10/15/98               | 5,000.00                                |
| B. Full Name, Mailing Address and ZIP Code                             | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month day, year) | Amount of Each Disbursement This Period |
| C. Full Name, Mailing Address and ZIP Code                             | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month day, year) | Amount of Each Disbursement This Period |
| D. Full Name, Mailing Address and ZIP Code                             | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month day, year) | Amount of Each Disbursement This Period |
| E. Full Name, Mailing Address and ZIP Code                             | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month day, year) | Amount of Each Disbursement This Period |
| F. Full Name, Mailing Address and ZIP Code                             | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month day, year) | Amount of Each Disbursement This Period |
| G. Full Name, Mailing Address and ZIP Code                             | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month day, year) | Amount of Each Disbursement This Period |
| H. Full Name, Mailing Address and ZIP Code                             | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month day, year) | Amount of Each Disbursement This Period |
| I. Full Name, Mailing Address and ZIP Code                             | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month day, year) | Amount of Each Disbursement This Period |
| SUBTOTAL of Disbursements This Page (optional)                         |                                                                                                                                                            |                        | 5,000.00                                |
| TOTAL This Period (last page this line number only)                    |                                                                                                                                                            |                        | 5,000.00                                |

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.

|                                                                                                 |                                      |
|-------------------------------------------------------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Hand Delivered                                                         | Date of Receipt                      |
| <input type="checkbox"/> First Class Mail                                                       | POSTMARKED                           |
| <input checked="" type="checkbox"/> Registered/Certified Mail                                   | POSTMARKED<br>12/3/98                |
| <input type="checkbox"/> No Postmark                                                            |                                      |
| <input type="checkbox"/> Postmark Illegible                                                     |                                      |
| <input type="checkbox"/> Received from the House office of Records and Registration             | Date of Receipt                      |
| <input type="checkbox"/> Received from the Senate Office of Public Records                      | Date of Receipt                      |
| <input type="checkbox"/> Other ( Specify):                                                      | Postmarked<br>and/or Date of Receipt |
| <input type="checkbox"/> Electronic Filing                                                      |                                      |
| <br>PREPARER | 12/6/98<br>DATE PREPARED             |