

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

Friends of Bobby Jindal

ADDRESS (number and street)

P.O. Box 8628

Check if different than previously reported. (ACC)

Metairie

LA

70002

- 2.
- FEC IDENTIFICATION NUMBER**

C00396200

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT

NEW (N)

OR

X

AMENDED (A)

LA

01

- 4.
- TYPE OF REPORT**
- (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the State of

(c) 30-Day **POST**-Election Report for the:

X

General (30G)

Runoff (30R)

Special (30S)

Election on

1 1

0 2

2 0 0 4

in the State of

LA

5. Covering Period 1 0 1 4 2 0 0 4 through 1 1 2 2 2 0 0 4

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 William C. Potter, CPA

Signature of Treasurer Electronically Filed by William C. Potter, CPA

Date 0 6 0 8 2 0 0 5

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

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Friends of Bobby Jindal

Report Covering the Period: From: ^M1 ^M0 ^D1 ^D4 ^Y2 ^Y0 ^Y0 ^Y4 To: ^M1 ^M1 ^D2 ^D2 ^Y2 ^Y0 ^Y0 ^Y4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	192433.41	2327890.60
(b) Total Contribution Refunds (from Line 20(d)).....	163972.60	5470.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	28460.81	2322420.60
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	297697.12	1087259.67
(b) Total Offsets to Operating Expenditures (from Line 14).....	2.11	1910.29
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	297695.01	1085349.38
8. Cash on Hand at Close of Reporting Period (from Line 27).....	762595.92	
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	

For further information contact:

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

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

POST-ELECTION DETAILED SUMMARY PAGE

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Report of Receipts and Disbursements

Page 5

- . If the candidate participated in the general election, use this form for the 30-day Post-General report.
- . If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Friends of Bobby Jindal

Report Covering the Period: From:

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

To:

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

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of	COLUMN C Total for																																
	<table><tr><td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td>0</td><td>2</td><td>2</td><td>0</td><td>0</td><td>4</td></tr></table> (date of general election)	M	M	D	D	Y	Y	Y	Y	1	1	0	2	2	0	0	4	<table><tr><td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td>0</td><td>3</td><td>2</td><td>0</td><td>0</td><td>4</td></tr></table> (date after general election)	M	M	D	D	Y	Y	Y	Y	1	1	0	3	2	0	0	4
M	M	D	D	Y	Y	Y	Y																											
1	1	0	2	2	0	0	4																											
M	M	D	D	Y	Y	Y	Y																											
1	1	0	3	2	0	0	4																											
		through																																
		<table><tr><td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td>2</td><td>2</td><td>2</td><td>0</td><td>0</td><td>4</td></tr></table> (last day of reporting period)	M	M	D	D	Y	Y	Y	Y	1	1	2	2	2	0	0	4																
M	M	D	D	Y	Y	Y	Y																											
1	1	2	2	2	0	0	4																											
11. CONTRIBUTIONS (other than loans) FROM:																																		
(a) Individuals/Persons Other than Political Committees																																		
(i) Itemized (Use Schedule A)																																		
107462.00																																		
(ii) Unitemized																																		
23164.41																																		
(iii) Total of contributions from individuals																																		
130626.41	1905941.20	0.00																																
(b) Political Party Committees																																		
200.00	425.00	0.00																																
(c) Other Political Committees																																		
61607.00	421524.40	0.00																																

**POST-ELECTION DETAILED
SUMMARY PAGE**
Report of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

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COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general Election) (* See page 5 for date)	COLUMN C Total for * (date after general election) Through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
192433.41	2327890.60	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b). All Other Loans		
0.00	0.00	0.00
(c). TOTAL LOANS (add Lines 13(a) and (b))		
0.00	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (refunds, rebates, etc)		
2.11	1910.29	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc)		
11.18	62.91	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
192446.70	2329863.80	0.00

POST ELECTION DETAILED SUMMARY PAGE

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Report of Receipts and Disbursements

Page 7

Write or Type Committe Name

Friends of Bobby Jindal

Report the covering period

From:

10

14

2004

To:

11

22

2004

II. DISBURSEMENTS

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * Through * (date after general election) (last day of reporting period) (* See page 5 for date)
17. OPERATING EXPENDITURES		
297697.12	1087259.67	210515.61
18. TRANSFER TO OTHER AUTHORIZED COMMITTEES		
0.00	25000.00	0.00
19. LOAN PAYMENTS		
(a) Of Loans Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) Of All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
0.00	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
158972.60	5470.00	158772.60
(b) Political Party Committees		
0.00	0.00	0.00

**POST ELECTION DETAILED
SUMMARY PAGE**

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Report of Receipts and Disbursements

Page 8

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	Total for * Through *	COLUMN C (date after general election) (last day of reporting period) (* See page 5 for date)
(c) Other political committees (such as PACs)			
5000.00	0.00		5000.00
(d) TOTAL CONTRIBUTION REFUNDS (See Lines 20(a), (b) and (c))			
163972.60	5470.00		163772.60
21. OTHER DISBURSEMENTS			
19000.00	66750.00		1500.00
22. TOTAL DISBURSEMENTS (add lines 17, 18, 19(c), 20(d), and 21)			
480669.72	1184479.67		375788.21

III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract line 20(d) from Line 11(e))

28460.81	2322420.60	-163772.60
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IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract line 14 from Line 17)

297695.01	1085349.38	210515.61
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V. CASH SUMMARY

23. CASH ON HAND AT BEGINING OF REPORTING PERIOD	1050818.94
24. TOTAL RECEIPTS AT THIS PERIOD (from Line 16).....	192446.70
25. SUBTOTAL(add Line 23 and Line 24)	1243265.64
26. TOTAL DISBURSEMENTS AT THIS PERIOD (from Line 22).....	480669.72
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 26 from Line 25).....	762595.92

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

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

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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)

Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial) Edward Abell		Date of Receipt M M / D D / Y Y Y Y 1 0 2 2 2 0 0 4	
Mailing Address P. O. Box 3507		Transaction ID: C8240	
City State Zip Code Lafayette LA 70502-3507		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Onebane Law Firm		Occupation Information Requested	
Receipt For: 2004 Primary X General Other (specify) ▼		Election Cycle-to-Date ▼ 200.00	
B. Full Name (Last, First, Middle Initial) Jagan Ailiani		Date of Receipt M M / D D / Y Y Y Y 1 1 0 1 2 0 0 4	
Mailing Address 521 Deer Lake Dr. W.		Transaction ID: C8516	
City State Zip Code Carbondale IL 62901-		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Information Requested		Occupation Information Requested	
Receipt For: 2004 Primary X General Other (specify) ▼		Election Cycle-to-Date ▼ 200.00	
C. Full Name (Last, First, Middle Initial) Vijay Alreja		Date of Receipt M M / D D / Y Y Y Y 1 0 1 5 2 0 0 4	
Mailing Address 8 Lily Dr.		Transaction ID: C8006	
City State Zip Code Centereach NY 11720-		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer V. J. Technologies		Occupation Owner	
Receipt For: 2004 Primary X General Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ►

450.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)

Friends of Bobby Jindal

Full Name (Last, First, Middle Initial)

A. Salvador Anzelmo

Mailing Address 365 Canal Street, Suite 2800

City State Zip Code
New Orleans LA 70130-1140

FEC ID number of contributing
federal political committee. **C**

Name of Employer Occupation
Attorney at Law Information Requested

Receipt For: 2004 Election Cycle-to-Date ▼
X Primary General
Other (specify) ▼ 1000.00

Date of Receipt

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

Transaction ID: C1635

Amount of Each Receipt this Period

1000.00

Receipt

Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

B. Jay Appurao

Mailing Address 19426 Pinewood Dr.

City State Zip Code
Bogalusa LA 70427-

FEC ID number of contributing
federal political committee. **C**

Name of Employer Occupation
Cosmetic Laser and Surgery Doctor
Ctr

Receipt For: 2004 Election Cycle-to-Date ▼
Primary X General
Other (specify) ▼ 2200.00

Date of Receipt

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

Transaction ID: C8521

Amount of Each Receipt this Period

500.00

Receipt

Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

C. Jefferson Baker

Mailing Address 1608 Rue Lemans

City State Zip Code
Slidell LA 70458-

FEC ID number of contributing
federal political committee. **C**

Name of Employer Occupation
Information Requested Information Requested

Receipt For: 2004 Election Cycle-to-Date ▼
Primary X General
Other (specify) ▼ 255.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 2 7 2 0 0 4

Transaction ID: C8411

Amount of Each Receipt this Period

100.00

Receipt

Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶

1600.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial) Keith Baroni		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 4
Mailing Address 23 Clevner		Transaction ID: C8543
City Kenner	State LA	Zip Code 70065-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Urban Planning and Innova- tions	Occupation President	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	
B. Full Name (Last, First, Middle Initial) J. W. Bean		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 4
Mailing Address 1131 Henry Clay		Transaction ID: C8518
City New Orleans	State LA	Zip Code 70118-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Bean Dredging	Occupation CEO	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	
C. Full Name (Last, First, Middle Initial) Patrick Beaulieu		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 4
Mailing Address 303 Remington Dr.		Transaction ID: C8239
City Lafayette	State LA	Zip Code 70503-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Beaulieu Refrigeration, Inc	Occupation Owner	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional) ►

4500.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
or each category of the
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(check only one)

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<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	11d	<input type="checkbox"/>	12	<input type="checkbox"/>	13a	<input type="checkbox"/>	13b	<input type="checkbox"/>	14	<input type="checkbox"/>	15
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NAME OF COMMITTEE (In Full)

Friends of Bobby Jindal

Full Name (Last, First, Middle Initial)

A. Mark W. Beckstrom

Mailing Address 880 Commerce Road West, Fourth Flo

City	State	Zip Code
New Orleans	LA	70123-

FEC ID number of contributing federal political committee.

C

Name of Employer
Oschner Clinic Foundation

Occupation
Administration

Receipt For: 2004
Primary X General
Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 4

Transaction ID: C8002

Amount of Each Receipt this Period

250.00

Receipt

Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

B. Mark W. Beckstrom

Mailing Address 880 Commerce Road West, Fourth Flo

City	State	Zip Code
New Orleans	LA	70123-

FEC ID number of contributing federal political committee.

C

Name of Employer
Oschner Clinic Foundation

Occupation
Administration

Receipt For: 2004
Primary X General
Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: C8522

Amount of Each Receipt this Period

500.00

Receipt

Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

C. Nazir Bhagat

Mailing Address 6374 Lakeview Dr.

City	State	Zip Code
Falls Church	VA	22041-

FEC ID number of contributing federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For: 2004
Primary X General
Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: C8247

Amount of Each Receipt this Period

500.00

Receipt

Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

Friends of Bobby Jindal

Full Name (Last, First, Middle Initial) A. Bharat Bhargava		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 4
Mailing Address 1070 Dougal Ct.		Transaction ID: C8874
City Great Falls	State VA	Zip Code 22066-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Bhauworld Inc.	Occupation Manager	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) B. Manning Billeaud		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 4
Mailing Address 145 Girard Woods Dr.		Transaction ID: C8176
City Lafayette	State LA	Zip Code 70503-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Information Requested	Occupation Information Requested	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) C. William Blake		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 4
Mailing Address P. O. Box 1447		Transaction ID: C8919
City Lake Charles	State LA	Zip Code 70602-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Information Requested	Occupation Information Requested	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ►

750.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial) L. R. Brammer, Jr.		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 4
Mailing Address 333 Texas St. Ste 1116		Transaction ID: C8788
City Shreveport	State LA	Zip Code 71101-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Self	Occupation retired petroleum engineer	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	
B. Full Name (Last, First, Middle Initial) Barry Breaux		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 4
Mailing Address 4945 Folse Dr.		Transaction ID: C8302
City Metairie	State LA	Zip Code 70006-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Breux Mart Supermarkets	Occupation Grocer	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	
C. Full Name (Last, First, Middle Initial) David Brennan		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 4
Mailing Address 159 Main St. Ste. 500		Transaction ID: C8469
City Akron	State OH	Zip Code 44308-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Brennan Management Group, LLC	Occupation Chairman	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ►

2150.00

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

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NAME OF COMMITTEE (In Full)

Friends of Bobby Jindal

A. J Brooks

Full Name (Last, First, Middle Initial)

Mailing Address 1109 Running Brook Dr.

City State Zip Code
Shreveport LA 71118-

FEC ID number of contributing
federal political committee. **C**

Name of Employer
Self

Occupation
Owner

Receipt For: 2004
Primary ☒ General
Other (specify) ▼

Election Cycle-to-Date ▼
150.00

Date of Receipt

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

Transaction ID: C8206

Amount of Each Receipt this Period

50.00

Receipt

Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B. J Brooks

Full Name (Last, First, Middle Initial)

Mailing Address 1109 Running Brook Dr.

City State Zip Code
Shreveport LA 71118-

FEC ID number of contributing
federal political committee. **C**

Name of Employer
Self

Occupation
Owner

Receipt For: 2004
Primary ☒ General
Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: C8673

Amount of Each Receipt this Period

100.00

Receipt

Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C. Donald Brown

Full Name (Last, First, Middle Initial)

Mailing Address 10344 Kenlee Dr.

City State Zip Code
Baton Rouge LA 70815-

FEC ID number of contributing
federal political committee. **C**

Name of Employer
Self

Occupation
Housewife

Receipt For: 2004
Primary ☒ General
Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: C8159

Amount of Each Receipt this Period

250.00

Receipt

Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶

400.00

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

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NAME OF COMMITTEE (In Full)

Friends of Bobby Jindal

Full Name (Last, First, Middle Initial) A. Christine Bukowski		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4
Mailing Address 1 N Wind Lane		Transaction ID: C8030
City Wilton	State CT	Zip Code 06897-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Self	Occupation Homemaker	Earmarked(Receipt) Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 200.00	
Full Name (Last, First, Middle Initial) B. Club for Growth		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4
Mailing Address 1776 K Street, Ste. 300		Transaction ID: CM927C8030
City Washington	State DC	Zip Code 20006-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Information Requested	Occupation Information Requested	Memo - Conduit memo total Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 Primary General X Other (specify) ▼ Other	Election Cycle-to-Date ▼ 86330.00	[MEMO ITEM] Earmarked Memo - Conduit total
Full Name (Last, First, Middle Initial) C. Daniel Bukowski		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4
Mailing Address 1 N. Wind Lane		Transaction ID: C8031
City Wilton	State CT	Zip Code 06897-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Citigroup	Occupation Investment analyst	Earmarked(Receipt) Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 200.00	

SUBTOTAL of Receipts This Page (optional) ►

400.00

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NAME OF COMMITTEE (In Full)

Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial) Club for Growth		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4	
Mailing Address 1776 K Street, Ste. 300		Transaction ID: CM928C8031	
City Washington State DC Zip Code 20006-		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		Memo - Conduit memo total Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM] Earmarked Memo - Conduit total	
Name of Employer Information Requested Receipt For: 2004 Primary General X Other (specify) ▼ Other		Occupation Information Requested Election Cycle-to-Date ▼ 86530.00	
B. Full Name (Last, First, Middle Initial) James Buquet		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 4	
Mailing Address P. O. Box 7053		Transaction ID: C8306	
City Houma State LA Zip Code 70361-		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Buquet Distributing Co., Inc. Receipt For: 2004 Primary X General Other (specify) ▼		Occupation Information Requested Election Cycle-to-Date ▼ 1000.00	
C. Full Name (Last, First, Middle Initial) John Carnahan		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 4	
Mailing Address 8178 Old Hammond Highway		Transaction ID: C8014	
City Baton Rouge State LA Zip Code 70809-		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Retired Receipt For: 2004 Primary X General Other (specify) ▼		Occupation Retired Election Cycle-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ►

1100.00

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

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NAME OF COMMITTEE (In Full)

Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial) Richard Chabreck Mailing Address 28582 Krentel Rd. City State Zip Code Lacombe LA 70445- FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: 2004 Election Cycle-to-Date ▼ Primary X General Other (specify) ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 1 0 2 6 2 0 0 4 Transaction ID: C8340 Amount of Each Receipt this Period 50.00 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
B. Full Name (Last, First, Middle Initial) Joretta Chance Mailing Address 130 Twin Oaks Blvd. City State Zip Code Lafayette LA 70503- FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: 2004 Election Cycle-to-Date ▼ Primary X General Other (specify) ▼ 200.00		Date of Receipt M M / D D / Y Y Y Y 1 0 2 8 2 0 0 4 Transaction ID: C8926 Amount of Each Receipt this Period 100.00 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
C. Full Name (Last, First, Middle Initial) Wendy Chao Mailing Address 1548 West Alameda Ave., Ste. A City State Zip Code Denver CO 80223- FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: 2004 Election Cycle-to-Date ▼ Primary X General Other (specify) ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 1 1 0 1 2 0 0 4 Transaction ID: C8817 Amount of Each Receipt this Period 500.00 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ►

650.00

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

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<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)

Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial) Craig Cheramie		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 4
Mailing Address 234 Brockenbraugh Ct.		Transaction ID: C8413
City Metairie	State LA	Zip Code 70005-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self	Occupation CPA	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	
B. Full Name (Last, First, Middle Initial) Shaun Clarke		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 4
Mailing Address 701 Poydras Street, Suite 5000		Transaction ID: C3300
City New Orleans	State LA	Zip Code 70139-5099
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Liskow & Lewis	Occupation Information Requested	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	
C. Full Name (Last, First, Middle Initial) Glenn Crawford		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 4
Mailing Address Emergystat President P. O. Box 1497		Transaction ID: C8898
City Vernon	State AL	Zip Code 35592-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Information Requested	Occupation Information Requested	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ►

1100.00

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NAME OF COMMITTEE (In Full)

Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial) Bernadien Crosby Mailing Address 117 Siddle Dr. City State Zip Code Cody WY 82414- FEC ID number of contributing federal political committee. C Name of Employer Retired Occupation Retired Receipt For: 2004 Election Cycle-to-Date ▼ Primary X General Other (specify) ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y 11 01 2004 Transaction ID: C8818 Amount of Each Receipt this Period 100.00 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
B. Full Name (Last, First, Middle Initial) Crosby Development LLC Mailing Address 1 Sanctuary Boulevard City State Zip Code Mandeville LA 70471- FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: 2004 Election Cycle-to-Date ▼ Primary X General Other (specify) ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 11 01 2004 Transaction ID: C8636 Amount of Each Receipt this Period 500.00 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
C. Full Name (Last, First, Middle Initial) John Crosby Mailing Address 1 Sanctuary Blvd. City State Zip Code Mandeville LA 70471- FEC ID number of contributing federal political committee. C Name of Employer Crosby Development Occupation Partner Receipt For: 2004 Election Cycle-to-Date ▼ Primary X General Other (specify) ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 11 01 2004 Transaction ID: C5472 Amount of Each Receipt this Period 250.00 Memo Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM] Partnership->Crosby Development LLC

SUBTOTAL of Receipts This Page (optional) ►

600.00

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

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NAME OF COMMITTEE (In Full)

Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial) Harry Crosby Mailing Address 1 Sanctuary Blvd. City State Zip Code Mandeville LA 70471- FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: 2004 Election Cycle-to-Date ▼ Primary X General Other (specify) ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 11 01 2004 Transaction ID: C8637 Amount of Each Receipt this Period 250.00 Memo Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM] Partnership->Crosby Devel- opment LLC
B. Full Name (Last, First, Middle Initial) Hannah Cunningham Mailing Address 46 Tokalon Pl. City State Zip Code Metairie LA 70001- FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: 2004 Election Cycle-to-Date ▼ Primary X General Other (specify) ▼ 350.00		Date of Receipt M M / D D / Y Y Y Y 10 28 2004 Transaction ID: C8859 Amount of Each Receipt this Period 50.00 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
C. Full Name (Last, First, Middle Initial) Hannah Cunningham Mailing Address 46 Tokalon Pl. City State Zip Code Metairie LA 70001- FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: 2004 Election Cycle-to-Date ▼ Primary X General Other (specify) ▼ 450.00		Date of Receipt M M / D D / Y Y Y Y 11 01 2004 Transaction ID: C8749 Amount of Each Receipt this Period 100.00 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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150.00

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NAME OF COMMITTEE (In Full)

Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial) Darryl DAquin		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 4	
Mailing Address 1615 Poydras St. 9th Floor		Transaction ID: C5147	
City State Zip Code New Orleans LA 70112-		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer CommTech Industries		Occupation Executive	
Receipt For: 2004 Primary X General Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	
B. Full Name (Last, First, Middle Initial) Mike Daigle		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 4	
Mailing Address P.O. Box 10		Transaction ID: C8358	
City State Zip Code Paincourtville LA 70391-		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Lula-Westfield, LLC, Manu- factu		Occupation CEO	
Receipt For: 2004 Primary X General Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	
C. Full Name (Last, First, Middle Initial) Marshall Davis		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 4	
Mailing Address 3955 White Oak Trace Dr.		Transaction ID: C8479	
City State Zip Code Baton Rouge LA 70817-		Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Powell Group		Occupation Executive Assistant	
Receipt For: 2004 Primary X General Other (specify) ▼		Election Cycle-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional) ►

3500.00

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NAME OF COMMITTEE (In Full)

Friends of Bobby Jindal

Full Name (Last, First, Middle Initial) A. Shirley De George		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 4
Mailing Address 8213 Barocco Dr.		Transaction ID: C8776
City State Zip Code Harahan LA 70123-		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer MIE Services	Occupation President	
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) B. Richard Derham		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4
Mailing Address 524 W. Comstock		Transaction ID: C8015
City State Zip Code Seattle WA 98119-		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Earmarked(Receipt) Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Retired	Occupation Retired	
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) C. Club for Growth		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4
Mailing Address 1776 K Street, Ste. 300		Transaction ID: CM914C8015
City State Zip Code Washington DC 20006-		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Memo - Conduit memo total Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: 2004 Primary General X Other (specify) ▼ Other	Election Cycle-to-Date ▼ 85175.00	[MEMO ITEM] Earmarked Memo - Conduit total

SUBTOTAL of Receipts This Page (optional) ►

500.00

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NAME OF COMMITTEE (In Full)

Friends of Bobby Jindal

Full Name (Last, First, Middle Initial) A. Akshay Desai		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 4
Mailing Address 150 2nd Ave. N. Ste. 400		Transaction ID: C8896
City Saint Petersburg	State FL	Amount of Each Receipt this Period 2000.00
Zip Code 33701-		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. C		
Name of Employer Universal Health Care	Occupation President	
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	
Full Name (Last, First, Middle Initial) B. Shivraj Desai		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 4
Mailing Address 1501 Mount Pleasant Road		Transaction ID: C8906
City Villanova	State PA	Amount of Each Receipt this Period 500.00
Zip Code 19085-		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. C		
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 520.00	
Full Name (Last, First, Middle Initial) C. Anthony Dileo		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 4
Mailing Address 546 Carondelet Street		Transaction ID: C8404
City New Orleans	State LA	Amount of Each Receipt this Period 1700.00
Zip Code 70130-		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. C		
Name of Employer Stone, Pigman	Occupation Attorney at Law	
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional) ►

4200.00

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NAME OF COMMITTEE (In Full)

Friends of Bobby Jindal

Full Name (Last, First, Middle Initial) A. Lee Domangue		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 4
Mailing Address 34097 Louisiana Hwy 433		Transaction ID: C8860
City Slidell	State LA	Zip Code 70460-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Lee R. Domangue, MDa PMC	Occupation Physician	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) B. Robert Edmundson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 4
Mailing Address 1014 St. Philip Street		Transaction ID: C3305
City New Orleans	State LA	Zip Code 70116-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Edmundson Management, Inc.	Occupation Information Requested	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) C. Peter Egan		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 4
Mailing Address 190 Eagle Road		Transaction ID: C8849
City Covington	State LA	Zip Code 70435-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Egan Healthcare	Occupation Owner	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional) ►

1050.00

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

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NAME OF COMMITTEE (In Full)

Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial) Julius Eirich, Jr.		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 4
Mailing Address 3663 Pontchartrain Dr.		Transaction ID: C8001
City Slidell	State LA	Zip Code 70458-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Cypress Cove Marina, Inc.	Occupation Executive	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	
B. Full Name (Last, First, Middle Initial) Robert Eitel		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 4
Mailing Address 115 Ayshire Court		Transaction ID: C8904
City Slidell	State LA	Zip Code 70461-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Information Requested	Occupation Information Requested	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	
C. Full Name (Last, First, Middle Initial) John Fabacher		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 4
Mailing Address RR 5 Box 281K		Transaction ID: C8489
City New Orleans	State LA	Zip Code 70129-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Retired	Occupation Retired	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 1425.00	

SUBTOTAL of Receipts This Page (optional) ►

1500.00

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

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NAME OF COMMITTEE (In Full)

Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial) Jerome Fein		Date of Receipt M M / D D / Y Y Y Y 1 0 2 8 2 0 0 4	
Mailing Address 613 Royal St.		Transaction ID: C8441	
City State Zip Code New Orleans LA 70130-		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Court of Two Sisters		Occupation Owner	
Receipt For: 2004 Primary X General Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	
B. Full Name (Last, First, Middle Initial) Charles Fellows		Date of Receipt M M / D D / Y Y Y Y 1 0 2 2 2 0 0 4	
Mailing Address #2 Sanctuary Blvd, Ste 101		Transaction ID: C8245	
City State Zip Code Mandeville LA 70470-		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Retired		Occupation Retired	
Receipt For: 2004 Primary X General Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	
C. Full Name (Last, First, Middle Initial) Shirley Frederick		Date of Receipt M M / D D / Y Y Y Y 1 0 3 0 2 0 0 4	
Mailing Address 3906 Bayou Blvd.		Transaction ID: C8876	
City State Zip Code New Iberia LA 70563-		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Information Requested		Occupation Information Requested	
Receipt For: 2004 Primary X General Other (specify) ▼		Election Cycle-to-Date ▼ 245.00	

SUBTOTAL of Receipts This Page (optional) ►

1020.00

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

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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

Full Name (Last, First, Middle Initial) A. Sue Freeswick		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 4
Mailing Address 3500 N. Causeway Blvd. Ste. 136		Transaction ID: C8914
City State Zip Code Metairie LA 70002-		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Carelink Home Care	Occupation Small Business Owner	
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) B. Vivian Frensilli		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 4
Mailing Address 392 Fairfield Ave.		Transaction ID: C8551
City State Zip Code Gretna LA 70056-		Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) C. Richard Friedman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 4
Mailing Address 1133 Nashville Ave.		Transaction ID: C8356
City State Zip Code New Orleans LA 70115-		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ►

1450.00

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

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NAME OF COMMITTEE (In Full)

Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial) Francis Gaboury		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 4	
Mailing Address 2130 Middle Dr.		Transaction ID: C8271	
City State Zip Code Slidell LA 70458-		Amount of Each Receipt this Period 35.00	
FEC ID number of contributing federal political committee. C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Information Requested Occupation Information Requested			
Receipt For: 2004 Primary X General Other (specify) ▼		Election Cycle-to-Date ▼ 208.00	
B. Full Name (Last, First, Middle Initial) Sherwood Gagliano		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 4	
Mailing Address 929 E. Lakeview Dr.		Transaction ID: C8483	
City State Zip Code Baton Rouge LA 70810-4619		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Information Requested Occupation Information Requested			
Receipt For: 2004 Primary X General Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	
C. Full Name (Last, First, Middle Initial) Glenn Gardner		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 4	
Mailing Address 3332 Woodlawn Ave.		Transaction ID: C8819	
City State Zip Code Metairie LA 70002-		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Information Requested Occupation Information Requested			
Receipt For: 2004 Primary X General Other (specify) ▼		Election Cycle-to-Date ▼ 950.00	

SUBTOTAL of Receipts This Page (optional) ►

1285.00

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

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NAME OF COMMITTEE (In Full)

Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial) Jim Garvey		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 4	
Mailing Address 4800 Beau Lac lane		Transaction ID: C5050	
City State Zip Code Metairie LA 70002-		Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer SELF-EMPLOYED		Occupation Attorney	
Receipt For: 2004 Primary X General Other (specify) ▼		Election Cycle-to-Date ▼ 2000.00	
B. Full Name (Last, First, Middle Initial) James Gelpi		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 4	
Mailing Address 301 Southern Road		Transaction ID: C8545	
City State Zip Code River Ridge LA 70123-		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Gelpi and Associates		Occupation Attorney	
Receipt For: 2004 X Primary General Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	
C. Full Name (Last, First, Middle Initial) John Georges		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 4	
Mailing Address 701 Edwards Ave		Transaction ID: C8304	
City State Zip Code New Orleans LA 70123-		Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Imperial Trading Co.		Occupation Information Requested	
Receipt For: 2004 Primary General X Other (specify) ▼ Runoff		Election Cycle-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional) ►

4500.00

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NAME OF COMMITTEE (In Full)

Friends of Bobby Jindal

Full Name (Last, First, Middle Initial) A. John Georges		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 4
Mailing Address 701 Edwards Ave		Transaction ID: C8303
City New Orleans	State LA	Zip Code 70123-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Imperial Trading Co.	Occupation Information Requested	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	
Full Name (Last, First, Middle Initial) B. Edmund J. Giering, IV		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 4
Mailing Address PO Box 518		Transaction ID: C8477
City Baton Rouge	State LA	Zip Code 70821-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer The Powell Group	Occupation Corporate Counsel	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) C. Rick Gingher		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 4
Mailing Address 820 Bass Landing Pl.		Transaction ID: C8248
City Greensboro	State NC	Zip Code 27455-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Gingher Inc.	Occupation management	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional) ►

4200.00

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NAME OF COMMITTEE (In Full)

Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial) W. L. Goggans		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 4	
Mailing Address 162 Chateau Latour		Transaction ID: C8121	
City State Zip Code Kenner LA 70065-		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Retired		Occupation Retired	
Receipt For: 2004 Primary X General Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	
B. Full Name (Last, First, Middle Initial) Dennis Good		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 4	
Mailing Address 1073 Marina Dr.		Transaction ID: C8003	
City State Zip Code Slidell LA 70458-		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Retired		Occupation Retired	
Receipt For: 2004 Primary X General Other (specify) ▼		Election Cycle-to-Date ▼ 750.00	
C. Full Name (Last, First, Middle Initial) Todd Graves		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 4	
Mailing Address 1212 S. Acadian Thruway		Transaction ID: C8010	
City State Zip Code Baton Rouge LA 70806-6925		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Raising Canes		Occupation Owner	
Receipt For: 2004 Primary X General Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ►

1000.00

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

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NAME OF COMMITTEE (In Full)

Friends of Bobby Jindal

A. BETH GRAY

Full Name (Last, First, Middle Initial)

Mailing Address 2409 Saint Joseph St.

City State Zip Code
Sulphur LA 70663-

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For: 2004
Primary X General
Other (specify) ▼

Election Cycle-to-Date ▼
233.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 2 7 2 0 0 4

Transaction ID: C8394

Amount of Each Receipt this Period

50.00

Receipt

Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B. Jagdish Gupta

Full Name (Last, First, Middle Initial)

Mailing Address 407 Church Ave.

City State Zip Code
Kaplan LA 70548-

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eagle Pest Control, Inc.

Occupation
Co-Owner

Receipt For: 2004
Primary X General
Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 1 8 2 0 0 4

Transaction ID: C8089

Amount of Each Receipt this Period

1000.00

Receipt

Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C. ROY GUSTE

Full Name (Last, First, Middle Initial)

Mailing Address 701 Saint Louis St.

City State Zip Code
New Orleans LA 70130-

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2004
Primary X General
Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Date of Receipt

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

Transaction ID: C8504

Amount of Each Receipt this Period

100.00

Receipt

Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

1150.00

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NAME OF COMMITTEE (In Full)

Friends of Bobby Jindal

A. Elizabeth Harvin		Full Name (Last, First, Middle Initial)		Date of Receipt	
Mailing Address 14 Perry St.				M M / D D / Y Y Y Y 1 0 3 0 2 0 0 4	
City State Zip Code				Transaction ID: C8878	
Morristown NJ 07960-				Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee. C				1000.00	
Name of Employer Information Requested		Occupation Information Requested		Receipt	
Receipt For: 2004		Election Cycle-to-Date ▼		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Primary X General					
Other (specify) ▼		1000.00			
B. John Haynes, Jr.		Full Name (Last, First, Middle Initial)		Date of Receipt	
Mailing Address 1003 S. Spruce				M M / D D / Y Y Y Y 1 0 2 2 2 0 0 4	
City State Zip Code				Transaction ID: C8276	
Vivian LA 71082-				Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee. C				500.00	
Name of Employer Information Requested		Occupation Information Requested		Receipt	
Receipt For: 2004		Election Cycle-to-Date ▼		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Primary X General					
Other (specify) ▼		500.00			
C. Marc Hebert		Full Name (Last, First, Middle Initial)		Date of Receipt	
Mailing Address Pan American Center Suite 1855				M M / D D / Y Y Y Y 1 0 2 9 2 0 0 4	
City State Zip Code				Transaction ID: C8482	
New Orleans LA 70130-				Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee. C				2000.00	
Name of Employer Information Requested		Occupation Information Requested		Receipt	
Preis, Kraft and Roy				Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Receipt For: 2004		Election Cycle-to-Date ▼			
Primary X General					
Other (specify) ▼		2000.00			

SUBTOTAL of Receipts This Page (optional) ►

3500.00

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

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NAME OF COMMITTEE (In Full)

Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial) Stephen Hebert Mailing Address P.O. Box 2179 City State Zip Code Sulphur LA 70664-2179 FEC ID number of contributing federal political committee. C Name of Employer 3001 Inc. Occupation Information Requested Receipt For: 2004 Primary X General Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 1 0 2 9 2 0 0 4 Transaction ID: C8475 Amount of Each Receipt this Period 1000.00 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
B. Full Name (Last, First, Middle Initial) George Hepburn Mailing Address 1205 Greenbriar Dr. City State Zip Code Lafayette LA 70503- FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: 2004 Primary X General Other (specify) ▼ Election Cycle-to-Date ▼ 205.00		Date of Receipt M M / D D / Y Y Y Y 1 0 2 8 2 0 0 4 Transaction ID: C8461 Amount of Each Receipt this Period 35.00 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
C. Full Name (Last, First, Middle Initial) FLORENCE HIGGINS Mailing Address 4620 Chateau Dr. City State Zip Code Metairie LA 70003- FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: 2004 Primary X General Other (specify) ▼ Election Cycle-to-Date ▼ 200.00		Date of Receipt M M / D D / Y Y Y Y 1 0 2 0 2 0 0 4 Transaction ID: C8183 Amount of Each Receipt this Period 35.00 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ►

1070.00

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

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NAME OF COMMITTEE (In Full)

Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial) DON HOLTON		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 4
Mailing Address P. O. Box 2267		Transaction ID: C7978
City Shreveport	State LA	Zip Code 71166-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Information Requested	Occupation Information Requested	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 1100.00	
B. Full Name (Last, First, Middle Initial) F. Malcolm Hood		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 4
Mailing Address 19416 S. Trenton Jones Dr.		Transaction ID: C8357
City Baton Rouge	State LA	Zip Code 70810-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Information Requested F.M. Hood & Associates	Occupation Information Requested Lobbyist	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	
C. Full Name (Last, First, Middle Initial) Harry T. Howard, III		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 4
Mailing Address P. O. Box 55310		Transaction ID: C8602
City Metairie	State LA	Zip Code 70055-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Information Requested Retired	Occupation Information Requested Retired	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	

SUBTOTAL of Receipts This Page (optional) ►

1900.00

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

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NAME OF COMMITTEE (In Full)

Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial) Harry T. Howard, III Mailing Address P. O. Box 55310 City State Zip Code Metairie LA 70055- FEC ID number of contributing federal political committee. C Name of Employer Retired Occupation Retired Receipt For: 2004 Election Cycle-to-Date ▼ Primary General X Other (specify) ▼ Runoff 4100.00		Date of Receipt M M / D D / Y Y Y Y 1 1 0 1 2 0 0 4 Transaction ID: C8603 Amount of Each Receipt this Period 100.00 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
B. Full Name (Last, First, Middle Initial) Jerry Hudson Mailing Address 7026 Edgewater Drive City State Zip Code Mandeville LA 70471- FEC ID number of contributing federal political committee. C Name of Employer Pontchartrain Pathology, APMC Occupation Physician Receipt For: 2004 Election Cycle-to-Date ▼ Primary X General Other (specify) ▼ 1750.00		Date of Receipt M M / D D / Y Y Y Y 1 0 2 8 2 0 0 4 Transaction ID: C8433 Amount of Each Receipt this Period 500.00 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
C. Full Name (Last, First, Middle Initial) Paul Hurley Mailing Address 806 Rue Chartres City State Zip Code Metairie LA 70005- FEC ID number of contributing federal political committee. C Name of Employer Paul Hurley Attorney at Law Occupation Information Requested Receipt For: 2004 Election Cycle-to-Date ▼ Primary X General Other (specify) ▼ 200.00		Date of Receipt M M / D D / Y Y Y Y 1 1 0 1 2 0 0 4 Transaction ID: C8587 Amount of Each Receipt this Period 200.00 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ►

800.00

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

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NAME OF COMMITTEE (In Full)

Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial) Indira Kailas		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 4
Mailing Address 3525 North Causeway		Transaction ID: C8538
City Metairie	State LA	Zip Code 70001-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer None	Occupation Homemaker	In-Kind Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	Rent
B. Full Name (Last, First, Middle Initial) Mohan Kailas		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 4
Mailing Address 3525 N. Causeway Blvd. 10th Floor		Transaction ID: C8537
City Metairie	State LA	Zip Code 70002-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Kailas Management	Occupation Owner	In-Kind Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	Rent
C. Full Name (Last, First, Middle Initial) Rao Kata		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 4
Mailing Address 3525 N. Causeway Blvd. 10th Floor		Transaction ID: C8536
City Metairie	State LA	Zip Code 70002-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Information Requested	Occupation Physician	In-Kind Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	Rent

SUBTOTAL of Receipts This Page (optional) ►

3000.00

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

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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial) Uma Kata		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 4
Mailing Address 5325 N. Causeway Blvd. 10th Floor		Transaction ID: C8539
City State Zip Code Metairie LA 70002-		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		In-Kind Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Information Requested Receipt For: 2004 Primary X General Other (specify) ▼	Occupation Information Requested Election Cycle-to-Date ▼ 2500.00	Rent
B. Full Name (Last, First, Middle Initial) Cecil Keeney		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 4
Mailing Address 201 Rue St. Ann		Transaction ID: C8729
City State Zip Code Metairie LA 70005-		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Walle Corp.	Occupation CEO	
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	
C. Full Name (Last, First, Middle Initial) Warren Keinath		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 4
Mailing Address 12342 Creekhaven Dr.		Transaction ID: C8822
City State Zip Code Saint Louis MO 63131-		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Retired	Occupation Retired	
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional) ►

1750.00

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

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NAME OF COMMITTEE (In Full)

Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial) John Kelly		Date of Receipt M M / D D / Y Y Y Y 1 0 2 2 2 0 0 4
Mailing Address 951 Emerald St.		Transaction ID: C8262
City New Orleans	State LA	Zip Code 70124-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer New Orleans Technology Co- uncil	Occupation Chairman	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	
B. Full Name (Last, First, Middle Initial) Ann Knight		Date of Receipt M M / D D / Y Y Y Y 1 1 0 1 2 0 0 4
Mailing Address 106 Shannon Road		Transaction ID: C1503
City Lafayette	State LA	Zip Code 70503-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Information Requested	Occupation Information Requested	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	
C. Full Name (Last, First, Middle Initial) Richard Lambert		Date of Receipt M M / D D / Y Y Y Y 1 1 0 1 2 0 0 4
Mailing Address 521 North Causeway Approach		Transaction ID: C1409
City Mandeville	State LA	Zip Code 70448-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer richard c lambert consult- ants	Occupation Information Requested	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ►

1750.00

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<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial) David Leblanc		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 4	
Mailing Address 5736 Northbrook Dr.		Transaction ID: C8323	
City Plano	State TX	Zip Code 75093-	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Information Requested	Occupation Information Requested		
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		
B. Full Name (Last, First, Middle Initial) Samuel Lehrer		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 4	
Mailing Address 400 Sharon Dr.		Transaction ID: C8542	
City New Orleans	State LA	Zip Code 70124-	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Information Requested	Occupation Information Requested		
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 235.00		
C. Full Name (Last, First, Middle Initial) Gary Leonard		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4	
Mailing Address 675 Kiskatom Lane		Transaction ID: C8038	
City Mandeville	State LA	Zip Code 70471-	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Information Requested Cell Therapeutics	Occupation Information Requested Oncology Specialties		
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 600.00		

SUBTOTAL of Receipts This Page (optional) ►

625.00

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NAME OF COMMITTEE (In Full)

Friends of Bobby Jindal

A. Robert Levis

Full Name (Last, First, Middle Initial)

Mailing Address 38620 Coastal Blvd.

City	State	Zip Code
Slidell	LA	70458-

FEC ID number of contributing
federal political committee.

C

Name of Employer
Robert Levis Chevrolet In-
c.

Occupation
Owner

Receipt For: 2004
Primary X General
Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 2 8 2 0 0 4

Transaction ID: C8464

Amount of Each Receipt this Period

1000.00

Receipt

Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B. Johnny Liljeberg

Full Name (Last, First, Middle Initial)

Mailing Address 3900 Veterans Blvd. Ste.

City	State	Zip Code
Metairie	LA	70002-

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2004
Primary X General
Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 2 6 2 0 0 4

Transaction ID: C8320

Amount of Each Receipt this Period

2000.00

Receipt

Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C. Robert Liljeberg

Full Name (Last, First, Middle Initial)

Mailing Address 3900 Veterans Blvd.

City	State	Zip Code
Metairie	LA	70002-

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2004
Primary X General
Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 2 6 2 0 0 4

Transaction ID: C8321

Amount of Each Receipt this Period

2000.00

Receipt

Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

Friends of Bobby Jindal

Full Name (Last, First, Middle Initial) A. Allain Lebreton Co. LLC		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 4
Mailing Address 4708 Chitimacha Trail		Transaction ID: C8474
City Jeanerette	State LA	Zip Code 70544-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) B. Robert Allain		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 4
Mailing Address 4708 Chitimacha Trail		Transaction ID: C8716
City Jeanerette	State LA	Zip Code 70544-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 333.33
Name of Employer Allain Lebreton, LLC	Occupation Partner	Memo Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM] Partnership->Allain Lebreton Co. LLC
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 333.33	
Full Name (Last, First, Middle Initial) C. David Allain		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 4
Mailing Address 4708 Chitimacha Trail		Transaction ID: C8717
City Jeanerette	State LA	Zip Code 70544-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 333.34
Name of Employer Allain Lebreton, LLC	Occupation Partner	Memo Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM] Partnership->Allain Lebreton Co. LLC
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 333.34	

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1000.00

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NAME OF COMMITTEE (In Full)

Friends of Bobby Jindal

Full Name (Last, First, Middle Initial) A. Brent Allain		Date of Receipt M M / D D / Y Y Y Y 1 0 2 9 2 0 0 4
Mailing Address 4708 Chitimacha Trail		Transaction ID: C8715
City Jeanerette	State LA	Zip Code 70544-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 333.33
Name of Employer Allain Lebreton, LLC	Occupation Partner	Memo Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 333.33	[MEMO ITEM] Partnership->Allain Lebreton Co. LLC
Full Name (Last, First, Middle Initial) B. Lobrano and Lobrano, LLC		Date of Receipt M M / D D / Y Y Y Y 1 0 2 6 2 0 0 4
Mailing Address P. O. Box 208		Transaction ID: C8322
City Belle Chasse	State LA	Zip Code 70037-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) C. Trip Ludwig		Date of Receipt M M / D D / Y Y Y Y 1 1 0 2 2 0 0 4
Mailing Address 572 Woodvine Ave		Transaction ID: C8657
City Metairie	State LA	Zip Code 70005-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Ludwig Buildings	Occupation Architect	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 1250.00	

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500.00

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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

Full Name (Last, First, Middle Initial) A. Robert Lupo		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 4
Mailing Address 145 Robert E. Lee Blvd		Transaction ID: C1412
City State Zip Code New Orleans LA 70124-		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Smith Lupo Center Penthouse	Occupation Information Requested	
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) B. Ethel Macdonald		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 4
Mailing Address 1635 Hodges St.		Transaction ID: C8462
City State Zip Code Lake Charles LA 70601-		Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 200.00	
Full Name (Last, First, Middle Initial) C. Ethel Macdonald		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 4
Mailing Address 1635 Hodges St.		Transaction ID: C8892
City State Zip Code Lake Charles LA 70601-		Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ►

1200.00

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

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NAME OF COMMITTEE (In Full)

Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial) <u>Ethel Macdonald</u>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 4
Mailing Address 1635 Hodges St.		Transaction ID: C8707
City <u>Lake Charles</u>	State <u>LA</u>	Zip Code <u>70601-</u>
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
Name of Employer Information Requested		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Occupation Information Requested		
Receipt For: 2004 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 335.00	
B. Full Name (Last, First, Middle Initial) <u>Vinicio Madrigal</u>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 4
Mailing Address 13 Chateau Haut-Brion Dr		Transaction ID: C8476
City <u>Kenner</u>	State <u>LA</u>	Zip Code <u>70027-</u>
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer Self		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Occupation Physician		
Receipt For: 2004 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	
C. Full Name (Last, First, Middle Initial) <u>Cris Mandry</u>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 4
Mailing Address 3223 8th street		Transaction ID: C8361
City <u>Metairie</u>	State <u>LA</u>	Zip Code <u>70002-</u>
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Occupation Physician		
Receipt For: 2004 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ►

2035.00

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

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial) John Manzella		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 4
Mailing Address 307 Midway Dr.		Transaction ID: C8525
City River Ridge	State LA	Zip Code 70123-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer American Office Machines	Occupation Business Executive	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	
B. Full Name (Last, First, Middle Initial) Jonathan Martin		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 4
Mailing Address 4141 Mayflower		Transaction ID: C8493
City Alexandria	State LA	Zip Code 71303-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Jonathan Ellis Martin Family L	Occupation Information Requested	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	
C. Full Name (Last, First, Middle Initial) George Massey		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 4
Mailing Address 3 Poydras St.		Transaction ID: C8920
City New Orleans	State LA	Zip Code 70130-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Med Link America, Inc.	Occupation Pres/CEO	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 Primary General X Other (specify) ▼ Runoff	Election Cycle-to-Date ▼ 6000.00	

SUBTOTAL of Receipts This Page (optional) ►

3000.00

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

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NAME OF COMMITTEE (In Full)

Friends of Bobby Jindal

A. Jose Mathew Full Name (Last, First, Middle Initial) Mailing Address 1279 Slagle Road City State Zip Code Leesville LA 71446-2033 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: 2004 Election Cycle-to-Date ▼ Primary X General Other (specify) ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 1 0 2 0 2 0 0 4 Transaction ID: C8199 Amount of Each Receipt this Period 500.00 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
B. Opal McCrary Full Name (Last, First, Middle Initial) Mailing Address 2478 Honeysuckle City State Zip Code Baton Rouge LA 70808- FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: 2004 Election Cycle-to-Date ▼ Primary X General Other (specify) ▼ 230.00		Date of Receipt M M / D D / Y Y Y Y 1 0 1 9 2 0 0 4 Transaction ID: C8110 Amount of Each Receipt this Period 35.00 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
C. Thomas McCullough Full Name (Last, First, Middle Initial) Mailing Address 26665 Pancho Way City State Zip Code Carmel CA 93923- FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: 2004 Election Cycle-to-Date ▼ Primary X General Other (specify) ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y 1 0 1 4 2 0 0 4 Transaction ID: C8277 Amount of Each Receipt this Period 250.00 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ►

785.00

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

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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial) Gregory Mocek		Date of Receipt M M / D D / Y Y Y Y 1 0 2 0 2 0 0 4	
Mailing Address 2804 R St. N.W.		Transaction ID: C8912	
City Washington State DC Zip Code 20007-		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer CFTC	Occupation Attorney		
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		
B. Full Name (Last, First, Middle Initial) Gary Mockler		Date of Receipt M M / D D / Y Y Y Y 1 0 1 9 2 0 0 4	
Mailing Address 612 Woodview Court		Transaction ID: C8090	
City Baton Rouge State LA Zip Code 70810-		Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Mockler Beverage	Occupation Executive		
Receipt For: 2004 Primary General X Other (specify) ▼ Runoff	Election Cycle-to-Date ▼ 4000.00		
C. Full Name (Last, First, Middle Initial) Gary Mockler		Date of Receipt M M / D D / Y Y Y Y 1 0 1 9 2 0 0 4	
Mailing Address 612 Woodview Court		Transaction ID: C8098	
City Baton Rouge State LA Zip Code 70810-		Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Mockler Beverage	Occupation Executive		
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 6000.00		

SUBTOTAL of Receipts This Page (optional) ►

4500.00

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

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NAME OF COMMITTEE (In Full)

Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial) Janice Mosing Mailing Address 131 Wembley Rd. City State Zip Code Lafayette LA 70503- FEC ID number of contributing federal political committee. C Name of Employer NA Occupation Housewife Receipt For: 2004 Election Cycle-to-Date ▼ Primary X General Other (specify) ▼ 1200.00		Date of Receipt M M / D D / Y Y Y Y 1 0 2 2 2 0 0 4 Transaction ID: C8284 Amount of Each Receipt this Period 100.00 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
B. Full Name (Last, First, Middle Initial) Marvin Munchrath Mailing Address 700 Woodvale Ave. City State Zip Code Lafayette LA 70503- FEC ID number of contributing federal political committee. C Name of Employer Self Occupation geologist Receipt For: 2004 Election Cycle-to-Date ▼ Primary X General Other (specify) ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 1 1 0 1 2 0 0 4 Transaction ID: C8641 Amount of Each Receipt this Period 250.00 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
C. Full Name (Last, First, Middle Initial) Michael Murphy Mailing Address One Galleria Blvd. City State Zip Code Metairie LA 70001- FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: 2004 Election Cycle-to-Date ▼ Primary X General Other (specify) ▼ 200.00		Date of Receipt M M / D D / Y Y Y Y 1 1 0 1 2 0 0 4 Transaction ID: C8813 Amount of Each Receipt this Period 200.00 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ►

550.00

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

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NAME OF COMMITTEE (In Full)

Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial) Linda Nall Mailing Address 8609 Grover Pl City Shreveport State LA Zip Code 71115- FEC ID number of contributing federal political committee. C Name of Employer LSUHCS Occupation Physician Receipt For: 2004 Election Cycle-to-Date ▼ Primary X General Other (specify) ▼ 200.00		Date of Receipt M M / D D / Y Y Y Y 1 0 2 1 2 0 0 4 Transaction ID: C8205 Amount of Each Receipt this Period 100.00 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
B. Full Name (Last, First, Middle Initial) Debra Paris Neill Mailing Address 303 S. Pine St. City Hammond State LA Zip Code 70403- FEC ID number of contributing federal political committee. C Name of Employer Neill Corp. Occupation Information Requested Receipt For: 2004 Election Cycle-to-Date ▼ Primary X General Other (specify) ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 1 0 1 5 2 0 0 4 Transaction ID: C8009 Amount of Each Receipt this Period 1000.00 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
C. Full Name (Last, First, Middle Initial) Grover W. Netherton Mailing Address P. O. Box 19243 City Shreveport State LA Zip Code 71149-2943 FEC ID number of contributing federal political committee. C Name of Employer F. J. Burnell, Inc., Contractor Occupation Executive Receipt For: 2004 Election Cycle-to-Date ▼ Primary X General Other (specify) ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 1 1 0 1 2 0 0 4 Transaction ID: C8519 Amount of Each Receipt this Period 1000.00 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ►

2100.00

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NAME OF COMMITTEE (In Full)

Friends of Bobby Jindal

Full Name (Last, First, Middle Initial) A. Nanette Noland		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 4
Mailing Address P.O. Box 788		Transaction ID: C1541
City Baton Rouge	State LA	Zip Code 70821-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer The Powell Group	Occupation Executive	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) B. Paul Pastorek		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 4
Mailing Address 124 Midway Drive		Transaction ID: C6924
City River Ridge	State LA	Zip Code 70123-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Adams and Reese, LLP	Occupation Attorney	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) C. Mahendra Patel		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 4
Mailing Address 12217 Mc Intyre Way		Transaction ID: C8905
City Richmond	State VA	Zip Code 23233-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 201.00
Name of Employer Patel Brothers, Inc.	Occupation President	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 201.00	

SUBTOTAL of Receipts This Page (optional) ►

3201.00

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NAME OF COMMITTEE (In Full)

Friends of Bobby Jindal

Full Name (Last, First, Middle Initial)

A. Tushar Patel

Mailing Address 33 Canyon Terrace

City State Zip Code
Newport Coast CA 92657-

FEC ID number of contributing
federal political committee. **C**

Name of Employer Occupation
Self Investments

Receipt For: 2004 Election Cycle-to-Date ▼
Primary X General
Other (specify) ▼ 2000.00

Date of Receipt

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

Transaction ID: C8902

Amount of Each Receipt this Period

2000.00

Receipt

Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

B. Rochelle Pearl

Mailing Address 5 Whispering Oaks Dr.

City State Zip Code
River Ridge LA 70123-

FEC ID number of contributing
federal political committee. **C**

Name of Employer Occupation
Retired Retired

Receipt For: 2004 Election Cycle-to-Date ▼
Primary X General
Other (specify) ▼ 186.00

Date of Receipt

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

Transaction ID: C8268

Amount of Each Receipt this Period

36.00

Receipt

Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

C. Rochelle Pearl

Mailing Address 5 Whispering Oaks Dr.

City State Zip Code
River Ridge LA 70123-

FEC ID number of contributing
federal political committee. **C**

Name of Employer Occupation
Retired Retired

Receipt For: 2004 Election Cycle-to-Date ▼
Primary X General
Other (specify) ▼ 211.00

Date of Receipt

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

Transaction ID: C8541

Amount of Each Receipt this Period

25.00

Receipt

Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶

2061.00

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

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NAME OF COMMITTEE (In Full)

Friends of Bobby Jindal

Full Name (Last, First, Middle Initial) A. Norvin Pellerin		Date of Receipt M M / D D / Y Y Y Y 1 0 2 0 2 0 0 4
Mailing Address 5931 St. Charles Ave.		Transaction ID: C8897
City New Orleans	State LA	Zip Code 70115-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer None	Occupation Retired	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 1600.00	
Full Name (Last, First, Middle Initial) B. D. Penton		Date of Receipt M M / D D / Y Y Y Y 1 0 2 5 2 0 0 4
Mailing Address P. O. Box 308		Transaction ID: C8826
City Dequincy	State LA	Zip Code 70633-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Information Requested	Occupation Information Requested	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 335.00	
Full Name (Last, First, Middle Initial) C. Roy Pierce		Date of Receipt M M / D D / Y Y Y Y 1 0 2 6 2 0 0 4
Mailing Address 15346 Carlou Dr.		Transaction ID: C8339
City Ponchatoula	State LA	Zip Code 70454-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Retired	Occupation Retired	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 235.00	

SUBTOTAL of Receipts This Page (optional) ►

620.00

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NAME OF COMMITTEE (In Full)

Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial) John Pittman Mailing Address 495 Salem Dr. City Bogalusa State LA Zip Code 70427- FEC ID number of contributing federal political committee. C Name of Employer Retired Occupation Retired Receipt For: 2004 Election Cycle-to-Date ▼ Primary X General Other (specify) ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 11 01 2004 Transaction ID: C8565 Amount of Each Receipt this Period 250.00 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
B. Full Name (Last, First, Middle Initial) Harry Platter Mailing Address 801 Rue Royale City Metairie State LA Zip Code 70005- FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Retired Receipt For: 2004 Election Cycle-to-Date ▼ Primary X General Other (specify) ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 10 28 2004 Transaction ID: C8440 Amount of Each Receipt this Period 25.00 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
C. Full Name (Last, First, Middle Initial) Gordon Pugh Mailing Address P.O. Box 3197 City Baton Rouge State LA Zip Code 70821- FEC ID number of contributing federal political committee. C Name of Employer Breazeale Sachse and Wilson Occupation Attorney Receipt For: 2004 Election Cycle-to-Date ▼ Primary X General Other (specify) ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 10 14 2004 Transaction ID: C1624 Amount of Each Receipt this Period 500.00 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ►

775.00

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

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NAME OF COMMITTEE (In Full)

Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial) Gordon Pugh Mailing Address P.O. Box 3197 City Baton Rouge State LA Zip Code 70821- FEC ID number of contributing federal political committee. C Name of Employer Breazeale Sachse and Wilson Occupation Attorney Receipt For: 2004 Primary X General Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 4 Transaction ID: C8091 Amount of Each Receipt this Period 500.00 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
B. Full Name (Last, First, Middle Initial) H. Eustis Reily Mailing Address 150 Broadway #514 City New Orleans State LA Zip Code 70118- FEC ID number of contributing federal political committee. C Name of Employer Wm B. Reily and Co. Occupation officer Receipt For: 2004 Primary X General Other (specify) ▼ Election Cycle-to-Date ▼ 2100.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 4 Transaction ID: C8402 Amount of Each Receipt this Period 1800.00 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
C. Full Name (Last, First, Middle Initial) H. Eustis Reily Mailing Address 150 Broadway #514 City New Orleans State LA Zip Code 70118- FEC ID number of contributing federal political committee. C Name of Employer Wm B. Reily and Co. Occupation officer Receipt For: 2004 Primary General X Other (specify) ▼ Runoff Election Cycle-to-Date ▼ 2300.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 4 Transaction ID: C8403 Amount of Each Receipt this Period 200.00 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial) Melvin P Richard Mailing Address P.O. Box 10709 City State Zip Code New Orleans LA 70181- FEC ID number of contributing federal political committee. C Name of Employer Gulf South Marine Transp Inc. Occupation President Receipt For: 2004 Primary X General Other (specify) ▼ Election Cycle-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 1 1 0 1 2 0 0 4 Transaction ID: C8235 Amount of Each Receipt this Period 500.00 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
B. Full Name (Last, First, Middle Initial) William R. Roberts Mailing Address 5900 S. Front St. City State Zip Code New Orleans LA 70115- FEC ID number of contributing federal political committee. C Name of Employer Roberts Gumbo Shop Occupation Owner Receipt For: 2004 Primary X General Other (specify) ▼ Election Cycle-to-Date ▼ 1400.00		Date of Receipt M M / D D / Y Y Y Y 1 0 2 0 2 0 0 4 Transaction ID: C8190 Amount of Each Receipt this Period 400.00 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
C. Full Name (Last, First, Middle Initial) Wayne Sagrera Mailing Address 12906 Community Rd. City State Zip Code Abbeville LA 70510- FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: 2004 Primary X General Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 1 0 2 2 2 0 0 4 Transaction ID: C8241 Amount of Each Receipt this Period 1000.00 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ►

1900.00

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

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NAME OF COMMITTEE (In Full)

Friends of Bobby Jindal

Full Name (Last, First, Middle Initial) A. Margaret Sanders		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 4
Mailing Address 1446 Arabella St.		Transaction ID: C8533
City New Orleans	State LA	Zip Code 70115-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer None	Occupation Retired	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) B. Francis Schaffer		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 4
Mailing Address 1020 Florida Blvd.		Transaction ID: C8326
City Baton Rouge	State LA	Zip Code 70802-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Information Requested	Occupation Information Requested	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) C. Danny Schilling		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 4
Mailing Address 1010 Jefferson Davis Dr.		Transaction ID: C7979
City Bogalusa	State LA	Zip Code 70427-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Schilling Greenhouses Inc.	Occupation Farmer	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ►

1350.00

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

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NAME OF COMMITTEE (In Full)
 Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial) Alice Schmitt Mailing Address 1202 Manor Pl. City State Zip Code Shreveport LA 71118- FEC ID number of contributing federal political committee. C Name of Employer Retired Occupation Retired Receipt For: 2004 Election Cycle-to-Date ▼ Primary X General Other (specify) ▼ 405.00		Date of Receipt M M / D D / Y Y Y Y 1 0 2 7 2 0 0 4 Transaction ID: C8425 Amount of Each Receipt this Period 100.00 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
B. Full Name (Last, First, Middle Initial) John Schuhmacher Mailing Address 4405 Alphonse Dr. City State Zip Code Metairie LA 70006- FEC ID number of contributing federal political committee. C Name of Employer Self Occupation Physician Receipt For: 2004 Election Cycle-to-Date ▼ Primary X General Other (specify) ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 1 0 2 2 2 0 0 4 Transaction ID: C8269 Amount of Each Receipt this Period 250.00 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
C. Full Name (Last, First, Middle Initial) Rebecca Scott Mailing Address 1045 Southfield City State Zip Code Shreveport LA 71106- FEC ID number of contributing federal political committee. C Name of Employer None Occupation Retired Receipt For: 2004 Election Cycle-to-Date ▼ Primary X General Other (specify) ▼ 258.00		Date of Receipt M M / D D / Y Y Y Y 1 0 2 2 2 0 0 4 Transaction ID: C8282 Amount of Each Receipt this Period 35.00 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ►

385.00

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

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NAME OF COMMITTEE (In Full)

Friends of Bobby Jindal

Full Name (Last, First, Middle Initial) A. Sandeep Sethi		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 4
Mailing Address 100 Trey Cv		Transaction ID: C8816
City State Zip Code Madison MS 39100-		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) B. Lester Shackford		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 4
Mailing Address 83582 Holiday Rd.		Transaction ID: C8202
City State Zip Code Folsom LA 70437-		Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Retired	Occupation Retired	
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 200.00	
Full Name (Last, First, Middle Initial) C. Lester Shackford		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 4
Mailing Address 83582 Holiday Rd.		Transaction ID: C8623
City State Zip Code Folsom LA 70437-		Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Retired	Occupation Retired	
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ►

600.00

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

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NAME OF COMMITTEE (In Full)

Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial) Ivan Shuff		Date of Receipt M M / D D / Y Y Y Y 1 0 2 0 2 0 0 4	
Mailing Address 2333 S Magnolia Dr.		Transaction ID: C8162	
City State Zip Code Baker LA 70714-		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Information Requested Occupation Information Requested			
Receipt For: 2004 Primary X General Other (specify) ▼		Election Cycle-to-Date ▼ 300.00	
B. Full Name (Last, First, Middle Initial) A. Kumar Singla		Date of Receipt M M / D D / Y Y Y Y 1 0 2 7 2 0 0 4	
Mailing Address 289 Anthony Rd.		Transaction ID: C8823	
City State Zip Code King Of Prussia PA 19406-		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Information Requested Occupation Information Requested			
Receipt For: 2004 Primary X General Other (specify) ▼		Election Cycle-to-Date ▼ 200.00	
C. Full Name (Last, First, Middle Initial) Sudhir Sinha		Date of Receipt M M / D D / Y Y Y Y 1 0 1 5 2 0 0 4	
Mailing Address 5525 Mounes St., Ste 101		Transaction ID: C5200	
City State Zip Code New Orleans LA 70129-		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Information Requested Occupation Information Requested			
Receipt For: 2004 Primary X General Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ►

650.00

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

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NAME OF COMMITTEE (In Full)

Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial) Robert Sistrunk		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 4
Mailing Address P. O. Box 53 15151 Hwy 22 W.		Transaction ID: C7980
City Ponchatoula	State LA	Zip Code 70454-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Information Requested	Occupation Information Requested	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 200.00	
B. Full Name (Last, First, Middle Initial) Joseph Skibinski		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 4
Mailing Address 47280 Holmes Lane		Transaction ID: C8334
City Hammond	State LA	Zip Code 70401-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation State Farm Insurance	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	
C. Full Name (Last, First, Middle Initial) Sherry Spies		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 4
Mailing Address 10331 N. Lake Estates Ave.		Transaction ID: C8480
City Baton Rouge	State LA	Zip Code 70810-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Information Requested	Occupation Information Requested	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional) ►

2600.00

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

Friends of Bobby Jindal

Full Name (Last, First, Middle Initial) A. Joseph T. Tommy Spinosa		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 4
Mailing Address 498 Lakeshore Drive		Transaction ID: C8814
City State Zip Code Baton Rouge LA 70808-3622		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer JTS Management Company LLC	Occupation Information Requested	
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) B. Eugene St. Martin		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 4
Mailing Address 6205 E Ridge Dr.		Transaction ID: C8279
City State Zip Code Shreveport LA 71106-		Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) C. Rowland Stalter		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 4
Mailing Address 818 Bocage Lane		Transaction ID: C8820
City State Zip Code Mandeville LA 70471-		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Hibernia Insurance Agency	Occupation Information Requested	
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ►

1050.00

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NAME OF COMMITTEE (In Full)

Friends of Bobby Jindal

Full Name (Last, First, Middle Initial) A. H. E. Storer		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 4
Mailing Address P. O. Box 6761		Transaction ID: C8844
City Shreveport	State LA	Zip Code 71136-6761
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Storer Equipment Co., Inc.	Occupation Owner	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) B. Scott Stroud		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 4
Mailing Address P. O. Box 565		Transaction ID: C8498
City Shreveport	State LA	Zip Code 71162-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Information Requested	Occupation Information Requested	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 200.00	
Full Name (Last, First, Middle Initial) C. Stephen Stumpf		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 4
Mailing Address 40 Audubon Lane		Transaction ID: C8921
City Madisonville	State LA	Zip Code 70447-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Information Requested	Occupation Information Requested	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

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2200.00

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NAME OF COMMITTEE (In Full)

Friends of Bobby Jindal

Full Name (Last, First, Middle Initial) A. Alfred R. Sunseri		Date of Receipt M M / D D / Y Y Y Y 1 0 2 2 2 0 0 4
Mailing Address 1039 Toulouse Street		Transaction ID: C8259
City New Orleans	State Zip Code 70112-	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer P & J Oyster Co.	Occupation Information Requested	
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) B. A. J. Szabo		Date of Receipt M M / D D / Y Y Y Y 1 0 2 0 2 0 0 4
Mailing Address 1117 Kim Dr.		Transaction ID: C8175
City Lafayette	State Zip Code LA 70503-	Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Retired	Occupation Retired	
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) C. David Taylor		Date of Receipt M M / D D / Y Y Y Y 1 0 1 4 2 0 0 4
Mailing Address 708 W. Baddock Rd.		Transaction ID: C8289
City Alexandria	State Zip Code VA 22302-	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Capitol Solutions	Occupation GOVERNMENT RELATIONS	
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

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480.00

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NAME OF COMMITTEE (In Full)

Friends of Bobby Jindal

Full Name (Last, First, Middle Initial) A. Aubrey Temple		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 4
Mailing Address 4885 Highway 190 West		Transaction ID: C8546
City Deridder	State LA	Zip Code 70634-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Information Requested	Occupation Information Requested	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) B. Ted Terrell		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 4
Mailing Address 18244 Bel Meadow Ave		Transaction ID: C8561
City Baton Rouge	State LA	Zip Code 70810-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Information Requested	Occupation Information Requested	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) C. Elton Thomas		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 4
Mailing Address 1610 Washington St.		Transaction ID: C8222
City Franklinton	State LA	Zip Code 70438-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Circle T Farm Supply	Occupation Manager	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 450.00	

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1500.00

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NAME OF COMMITTEE (In Full)

Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial) Dorothy Tooley Mailing Address 513 Dumbarton Dr. City State Zip Code Shreveport LA 71106-6809 FEC ID number of contributing federal political committee. C Name of Employer Retired Occupation Retired Receipt For: 2004 Election Cycle-to-Date ▼ Primary X General Other (specify) ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y 11 01 2004 Transaction ID: C8500 Amount of Each Receipt this Period 20.00 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
B. Full Name (Last, First, Middle Initial) Joe Toomy Mailing Address P. O. Box 163 City State Zip Code Gretna LA 70054- FEC ID number of contributing federal political committee. C Name of Employer Self Occupation insurance broker Receipt For: 2004 Election Cycle-to-Date ▼ Primary X General Other (specify) ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 10 26 2004 Transaction ID: C8359 Amount of Each Receipt this Period 500.00 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
C. Full Name (Last, First, Middle Initial) Jon Traub Mailing Address 1725 Stonebridge Rd. City State Zip Code Alexandria VA 22304- FEC ID number of contributing federal political committee. C Name of Employer Securities Industries Ass- n. Occupation Vice President Receipt For: 2004 Election Cycle-to-Date ▼ Primary X General Other (specify) ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 11 01 2004 Transaction ID: C8811 Amount of Each Receipt this Period 250.00 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ►

770.00

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

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NAME OF COMMITTEE (In Full)

Friends of Bobby Jindal

Full Name (Last, First, Middle Initial) A. Betty Trotter		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 4
Mailing Address 13682 Highway 171		Transaction ID: C8856
City Longville	State LA	Zip Code 70652-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Retired	Occupation Retired	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 185.00	
Full Name (Last, First, Middle Initial) B. Betty Trotter		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 4
Mailing Address 13682 Highway 171		Transaction ID: C8794
City Longville	State LA	Zip Code 70652-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Retired	Occupation Retired	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 235.00	
Full Name (Last, First, Middle Initial) C. Warner Veillon		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 4
Mailing Address 125 N. Tanglewood Dr., Hwy 755		Transaction ID: C8226
City Eunice	State LA	Zip Code 70535-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Tri-Parish Bank	Occupation Chairman and CEO	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ►

650.00

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

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NAME OF COMMITTEE (In Full)
 Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial) C. Wade		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 4	
Mailing Address P. O. Box 1147		Transaction ID: C8573	
City Bogalusa	State LA	Zip Code 70429-	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Retired	Occupation Retired		
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		
B. Full Name (Last, First, Middle Initial) Kip Wall		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 4	
Mailing Address 620 Nelson Dr.		Transaction ID: C8547	
City Baton Rouge	State LA	Zip Code 70808-	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Information Requested	Occupation Information Requested		
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 300.00		
C. Full Name (Last, First, Middle Initial) Harry Warner		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 4	
Mailing Address P.O. Box 1550		Transaction ID: C8888	
City Mandeville	State LA	Zip Code 70470-1550	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer R & W Industries	Occupation CEO		
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ►

1050.00

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

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NAME OF COMMITTEE (In Full)

Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial) David Warrington		Date of Receipt M M / D D / Y Y Y Y 1 0 2 9 2 0 0 4	
Mailing Address 3373 McCarroll Dr.		Transaction ID: C8478	
City Baton Rouge	State LA	Zip Code 70809-	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Powell Group	Occupation CFO		
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00		
B. Full Name (Last, First, Middle Initial) Eunice Watlington		Date of Receipt M M / D D / Y Y Y Y 1 1 0 1 2 0 0 4	
Mailing Address 333 Lee Dr. Apt 115		Transaction ID: C8757	
City Baton Rouge	State LA	Zip Code 70808-	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Retired	Occupation Retired		
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 355.00		
C. Full Name (Last, First, Middle Initial) Robert White		Date of Receipt M M / D D / Y Y Y Y 1 0 2 5 2 0 0 4	
Mailing Address 426 Holy Cross Place		Transaction ID: C8833	
City Kenner	State LA	Zip Code 70065-	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Information Requested	Occupation Information Requested		
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ►

2550.00

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

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NAME OF COMMITTEE (In Full)

Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial) Larry Wink		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 4	
Mailing Address 4949 Bullard Ave.		Transaction ID: C8523	
City State Zip Code New Orleans LA 70128-		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Wink Inc.		Occupation Executive	
Receipt For: 2004 Primary X General Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	
B. Full Name (Last, First, Middle Initial) R. Helen Worthen		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 4	
Mailing Address 433 Cornell Ave.		Transaction ID: C8100	
City State Zip Code Baton Rouge LA 70808-		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Information Requested		Occupation Information Requested	
Receipt For: 2004 Primary X General Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	
C. Full Name (Last, First, Middle Initial) JAMES E. Wright		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 4	
Mailing Address 7379 Agate Street		Transaction ID: C8909	
City State Zip Code New Orleans LA 70124-		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Information Requested		Occupation Information Requested	
Receipt For: 2004 Primary X General Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ►

1000.00

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NAME OF COMMITTEE (In Full)

Friends of Bobby Jindal

Full Name (Last, First, Middle Initial) A. Lucile Yingling-Holmes		Date of Receipt M M / D D / Y Y Y Y 1 0 2 6 2 0 0 4
Mailing Address 10620 Old Lodge Ct.		Transaction ID: C8325
City Baton Rouge	State LA	Zip Code 70817-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Retired	Occupation Retired	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial) B. Laura Zito		Date of Receipt M M / D D / Y Y Y Y 1 0 2 5 2 0 0 4
Mailing Address 732 Rural St.		Transaction ID: C8309
City River Ridge	State LA	Zip Code 70123-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Information Requested	Occupation Information Requested	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 Primary General X Other (specify) ▼ Runoff	Election Cycle-to-Date ▼ 4000.00	
Full Name (Last, First, Middle Initial) C. Sammy Zito		Date of Receipt M M / D D / Y Y Y Y 1 0 2 5 2 0 0 4
Mailing Address P. O. Box 10306		Transaction ID: C8308
City New Orleans	State LA	Zip Code 70181-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Zito Companies	Occupation President	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 Primary General X Other (specify) ▼ Runoff	Election Cycle-to-Date ▼ 4000.00	

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4050.00

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107462.00

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NAME OF COMMITTEE (In Full)

Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial) Adw Pac Mailing Address 1220 L St. NW Ste. 100 City Washington State DC Zip Code 20005- FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: 2004 Election Cycle-to-Date ▼ Primary X General Other (specify) ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 1 0 2 6 2 0 0 4 Transaction ID: C8360 Amount of Each Receipt this Period 500.00 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
B. Full Name (Last, First, Middle Initial) American Dental PAC Mailing Address 1111 14th St. NW Ste. 1100 City Washington State DC Zip Code 20005- FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: 2004 Election Cycle-to-Date ▼ Primary X General Other (specify) ▼ 2000.00		Date of Receipt M M / D D / Y Y Y Y 1 0 2 9 2 0 0 4 Transaction ID: C8473 Amount of Each Receipt this Period 2000.00 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
C. Full Name (Last, First, Middle Initial) American Rental Association PAC Mailing Address P. O. Box 9687 City New Iberia State LA Zip Code 70562- FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: 2004 Election Cycle-to-Date ▼ Primary X General Other (specify) ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 1 1 0 1 2 0 0 4 Transaction ID: C8520 Amount of Each Receipt this Period 500.00 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ►

3000.00

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NAME OF COMMITTEE (In Full)

Friends of Bobby Jindal

Full Name (Last, First, Middle Initial)

A. Associated General Contractors PAC

Mailing Address 666 North St.

City

State

Zip Code

Baton Rouge

LA

70802-

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2004

Primary X General

Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: C8151

Amount of Each Receipt this Period

1500.00

Receipt

Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

B. Boise Cascade Corp. PAC

Mailing Address P. O. Box 50

1111 W. Jefferson St

City

State

Zip Code

Boise

ID

83728-

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2004

Primary X General

Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 1 5 2 0 0 4

Transaction ID: C8004

Amount of Each Receipt this Period

500.00

Receipt

Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

C. BUILD PAC

Mailing Address National Association of Homebuilde

1201 15th Street W

City

State

Zip Code

Washington

DC

20005-

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2004

Primary X General

Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 2 6 2 0 0 4

Transaction ID: C8319

Amount of Each Receipt this Period

5000.00

Receipt

Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial) Caremark PAC		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 4	
Mailing Address 1300 I St. NW Ste. 525		Transaction ID: C8535	
City State Zip Code Washington DC 20005-		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2004 Primary X General Other (specify) ▼		Election Cycle-to-Date ▼ 2000.00	
B. Full Name (Last, First, Middle Initial) CH2M Hill Companies PAC		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 4	
Mailing Address 1515 Poydras St. Ste 2110		Transaction ID: C8544	
City State Zip Code New Orleans LA 70112-		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2004 Primary X General Other (specify) ▼		Election Cycle-to-Date ▼ 2000.00	
C. Full Name (Last, First, Middle Initial) Chicago Mercantile Exchange PAC		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 4	
Mailing Address 20 S. Wacker Dr.		Transaction ID: C8397	
City State Zip Code Chicago IL 60606-		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2004 Primary X General Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ►

3000.00

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<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15			

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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial) ConocoPhillips Spirit PAC		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 4	
Mailing Address 450 Laurel St. Ste. 1410		Transaction ID: C8305	
City State Zip Code Baton Rouge LA 70801-		Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation		
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00		
B. Full Name (Last, First, Middle Initial) Conservative Victory Committee PAC		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 4	
Mailing Address 325 S. Patrick St.		Transaction ID: C8243	
City State Zip Code Alexandria VA 22314-		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation		
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		
C. Full Name (Last, First, Middle Initial) DuPont Good Government Fund		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4	
Mailing Address 1007 Market Street		Transaction ID: C8088	
City State Zip Code Wilmington DE 19891-		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation		
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ►

3500.00

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

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NAME OF COMMITTEE (In Full)

Friends of Bobby Jindal

A. Dupont Good Government PAC Full Name (Last, First, Middle Initial) Mailing Address 1007 Market St. City State Zip Code Wilmington DE 19898- FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: 2004 Primary X General Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 1 0 2 1 2 0 0 4 Transaction ID: C8232 Amount of Each Receipt this Period 1000.00 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
B. Every Republican Is Crucial PAC Full Name (Last, First, Middle Initial) Mailing Address 209 Pennsylvania Ave. SE City State Zip Code Washington DC 20003- FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: 2004 Primary X General Other (specify) ▼ Election Cycle-to-Date ▼ 2500.00		Date of Receipt M M / D D / Y Y Y Y 1 0 1 4 2 0 0 4 Transaction ID: C7985 Amount of Each Receipt this Period 2500.00 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
C. Every Republican Is Crucial PAC Full Name (Last, First, Middle Initial) Mailing Address 209 Pennsylvania Ave. SE City State Zip Code Washington DC 20003- FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: 2004 Primary X General Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00		Date of Receipt M M / D D / Y Y Y Y 1 0 1 5 2 0 0 4 Transaction ID: C8005 Amount of Each Receipt this Period 2500.00 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ►

6000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Bobby Jindal

Full Name (Last, First, Middle Initial) A. Future Leaders PAC		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 4
Mailing Address 1155 21st St. NW Ste 300		Transaction ID: C7987
City Washington	State DC	Zip Code 20036-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 10000.00	
Full Name (Last, First, Middle Initial) B. GlaxoSmithKline PAC		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 4
Mailing Address PO Box 13398 Research Triangle Park		Transaction ID: C8467
City Durham	State NC	Zip Code 27709-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	
Full Name (Last, First, Middle Initial) C. HALPAC		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 4
Mailing Address Suite 300 1155 21st St., NW		Transaction ID: C8000
City Washington	State DC	Zip Code 20036-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional) ►

8000.00

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

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ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

Full Name (Last, First, Middle Initial) A. HCA Good Government Fund		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 4
Mailing Address 1440 Canal St. Ste. 1860		Transaction ID: C8344
City State Zip Code New Orleans LA 70112-		Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) B. HealthNet PAC		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 4
Mailing Address 21650 Oxnard St.		Transaction ID: C8548
City State Zip Code Woodland Hills CA 91367-		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) C. Illinios Tool Workers PAC		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 4
Mailing Address 3600 W. Lake Ave.		Transaction ID: C7984
City State Zip Code Glenview IL 60025-		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ►

3500.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

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

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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial) InsurPAC		Date of Receipt M M / D D / Y Y Y Y 1 0 2 9 2 0 0 4	
Mailing Address 412 First St. SE Ste. 300		Transaction ID: C8472	
City State Zip Code Washington DC 20003-		Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation		
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00		
B. Full Name (Last, First, Middle Initial) John Deere PAC		Date of Receipt M M / D D / Y Y Y Y 1 0 1 5 2 0 0 4	
Mailing Address One John Deere Place		Transaction ID: C8008	
City State Zip Code Moline IL 61265-		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation		
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		
C. Full Name (Last, First, Middle Initial) John Shadeggs Friends		Date of Receipt M M / D D / Y Y Y Y 1 0 2 2 2 0 0 4	
Mailing Address P. O. Box 45444		Transaction ID: C8242	
City State Zip Code Phoenix AZ 85064-		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation		
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ►

4000.00

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

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ITEMIZED RECEIPTS

Use separate schedule(s)
or each category of the
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☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial) John Swallow for Congress		Date of Receipt M M / D D / Y Y Y Y 1 0 2 0 2 0 0 4	
Mailing Address 1300 West Street		Transaction ID: C8234	
City State Zip Code Salt Lake City UT 84105-		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2004 Primary X General Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	
B. Full Name (Last, First, Middle Initial) Lewis for Congress Committee		Date of Receipt M M / D D / Y Y Y Y 1 0 1 4 2 0 0 4	
Mailing Address P. O. Box 247		Transaction ID: C7986	
City State Zip Code Redlands CA 92373-		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2004 Primary X General Other (specify) ▼		Election Cycle-to-Date ▼ 2000.00	
C. Full Name (Last, First, Middle Initial) Michael McCaul for Congress		Date of Receipt M M / D D / Y Y Y Y 1 0 2 7 2 0 0 4	
Mailing Address 1415 Westover Road		Transaction ID: C8398	
City State Zip Code Austin TX 78703-		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2004 Primary X General Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ►

2250.00

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

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ITEMIZED RECEIPTS

Use separate schedule(s)
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☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Bobby Jindal

A. Microsoft PAC Full Name (Last, First, Middle Initial) Mailing Address 16011 NE 36th Way Box 97017 City Redmond State WA Zip Code 98073- FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: 2004 Primary X General Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 4 Transaction ID: C8549 Amount of Each Receipt this Period 1000.00 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
B. National Emergency Medicine PAC Full Name (Last, First, Middle Initial) Mailing Address P. O. Box 619911 City Washington State DC Zip Code 20001- FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: 2004 Primary X General Other (specify) ▼ Election Cycle-to-Date ▼ 2500.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 4 Transaction ID: C8307 Amount of Each Receipt this Period 2500.00 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
C. Northrup Grumman PAC Full Name (Last, First, Middle Initial) Mailing Address 520 S. Grand Ave. Ste. 700 City Los Angeles State CA Zip Code 90071- FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: 2004 Primary X General Other (specify) ▼ Election Cycle-to-Date ▼ 3000.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 4 Transaction ID: C8399 Amount of Each Receipt this Period 3000.00 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ►

6500.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Bobby Jindal

Full Name (Last, First, Middle Initial) A. Occidental Petroleum Corp. PAC		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 4
Mailing Address 1717 Pennsylvania Ave., NW, Ste. 4		Transaction ID: C8468
City State Zip Code Washington DC 20006-		Amount of Each Receipt this Period 4000.00
FEC ID number of contributing federal political committee. C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	
Full Name (Last, First, Middle Initial) B. Pan American Life PAC		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 4
Mailing Address 601 Poydras St. 14th floor		Transaction ID: C8937
City State Zip Code New Orleans LA 70130-		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) C. Pioneer PAC		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 4
Mailing Address 412 First Street, SE., Ste. 100		Transaction ID: C8470
City State Zip Code Washington DC 20003-		Amount of Each Receipt this Period 3700.00
FEC ID number of contributing federal political committee. C		In-Kind Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 3700.00	Postage

SUBTOTAL of Receipts This Page (optional) ►

8200.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial) RJR PAC		Date of Receipt M M / D D / Y Y Y Y 1 0 2 5 2 0 0 4	
Mailing Address 50 F Street NW Suite 100		Transaction ID: C8301	
City Washington State DC Zip Code 20001-		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation		
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00		
B. Full Name (Last, First, Middle Initial) RJR PAC		Date of Receipt M M / D D / Y Y Y Y 1 0 2 8 2 0 0 4	
Mailing Address 50 F Street NW Suite 100		Transaction ID: C8465	
City Washington State DC Zip Code 20001-		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation		
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 3500.00		
C. Full Name (Last, First, Middle Initial) Shell Employees PAC		Date of Receipt M M / D D / Y Y Y Y 1 0 2 9 2 0 0 4	
Mailing Address P. O. Box 2463		Transaction ID: C8485	
City Houston State TX Zip Code 77252-		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation		
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ►

3000.00

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

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or each category of the
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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15			

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NAME OF COMMITTEE (In Full)

Friends of Bobby Jindal

Full Name (Last, First, Middle Initial)

A. Tenet Healthcare Corporation Pac

Mailing Address 3820 State St.

City	State	Zip Code
Santa Barbara	CA	93105-

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For: 2004
Primary X General
Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

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

Transaction ID: C8534

Amount of Each Receipt this Period

500.00

Receipt

Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

B. The Madison Project

Mailing Address P.O. Box 7782

City	State	Zip Code
Woodbridge	VA	20122-

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For: 2004
Primary X General
Other (specify) ▼

Election Cycle-to-Date ▼
4390.00

Date of Receipt

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

Transaction ID: C8139

Amount of Each Receipt this Period

100.00

Earmarked(Receipt)

Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

C. The Madison Project

Mailing Address P.O. Box 7782

City	State	Zip Code
Woodbridge	VA	20122-

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For: 2004
Primary General
X Other (specify) ▼
Other

Election Cycle-to-Date ▼
4490.00

Date of Receipt

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

Transaction ID: CM907C8139

Amount of Each Receipt this Period

100.00

Memo - Conduit memo total

Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Earmarked Memo - Conduit
total

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

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☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Bobby Jindal

Full Name (Last, First, Middle Initial)

A. The Madison Project

Mailing Address P.O. Box 7782

City

State

Zip Code

Woodbridge

VA

20122-

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2004

Primary X General

Other (specify) ▼

Election Cycle-to-Date ▼

4917.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 2 6 2 0 0 4

Transaction ID: C8349

Amount of Each Receipt this Period

7.00

Earmarked(Receipt)

Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

B. The Madison Project

Mailing Address P.O. Box 7782

City

State

Zip Code

Woodbridge

VA

20122-

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2004

X Primary General

Other (specify) ▼

Election Cycle-to-Date ▼

5152.00

Date of Receipt

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

Transaction ID: C8807

Amount of Each Receipt this Period

50.00

Earmarked(Receipt)

Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

C. The Madison Project

Mailing Address P.O. Box 7782

City

State

Zip Code

Woodbridge

VA

20122-

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2004

Primary X General

X Other (specify) ▼
Other

Election Cycle-to-Date ▼

5202.00

Date of Receipt

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

Transaction ID: CM908C8807

Amount of Each Receipt this Period

50.00

Memo - Conduit memo total

Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

Earmarked Memo - Conduit
total

SUBTOTAL of Receipts This Page (optional)

57.00

TOTAL This Period (last page this line number only)

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or each category of the
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☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial) USINPAC Mailing Address P. O. Box 222424 City Chantilly State VA Zip Code 20153- FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: 2004 Election Cycle-to-Date ▼ Primary X General Other (specify) ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 1 0 2 0 2 0 0 4 Transaction ID: C8152 Amount of Each Receipt this Period 1000.00 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
B. Full Name (Last, First, Middle Initial) Weyerhaeuser PAC Mailing Address P. O. Box 9777 City Federal Way State WA Zip Code 98063- FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: 2004 Election Cycle-to-Date ▼ Primary X General Other (specify) ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 1 0 2 8 2 0 0 4 Transaction ID: C8466 Amount of Each Receipt this Period 1000.00 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
C. Full Name (Last, First, Middle Initial) Weyerhaeuser PAC Mailing Address P. O. Box 9777 City Federal Way State WA Zip Code 98063- FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: 2004 Election Cycle-to-Date ▼ Primary X General Other (specify) ▼ 2000.00		Date of Receipt M M / D D / Y Y Y Y 1 0 2 9 2 0 0 4 Transaction ID: C8484 Amount of Each Receipt this Period 1000.00 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ►

3000.00

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

61607.00

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Bobby Jindal

Full Name (Last, First, Middle Initial)

A. Republican Womens Club of Kenner

Mailing Address P.O. Box 7363

City

State

Zip Code

Metairie

LA

70010-

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2004

Primary X General

Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C8227

Amount of Each Receipt this Period

200.00

Receipt

Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

200.00

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

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

FOR LINE NUMBER: PAGE 87 / 187

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☒ 15

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NAME OF COMMITTEE (In Full)

Friends of Bobby Jindal

Full Name (Last, First, Middle Initial)

A. Whitney National Bank

Mailing Address 3060 N. Causeway Blvd.

City State Zip Code

Metairie LA 70001-

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2004
 Primary X General
 Other (specify) ▼

Election Cycle-to-Date ▼

62.91

Date of Receipt

M M / D D / Y Y Y Y
 1 0 2 9 2 0 0 4

Transaction ID: C8923

Amount of Each Receipt this Period

11.18

Other Receipt

Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ►

11.18

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

11.18

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial)
Mr. Jared Adamo

Mailing Address 388 Ferguson Road

City Wheatland State WY Zip Code 82201-

Purpose of Disbursement
INTERN FEES

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1021
Date of Disbursement

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

Amount of Each Disbursement this Period

100.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

INTERN FEES

B. Full Name (Last, First, Middle Initial)
Mr. Jared Adamo

Mailing Address 388 Ferguson Road

City Wheatland State WY Zip Code 82201-

Purpose of Disbursement
INTERN FEES

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1096
Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 4

Amount of Each Disbursement this Period

155.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

INTERN FEES

C. Full Name (Last, First, Middle Initial)
Mr. Jared Adamo

Mailing Address 388 Ferguson Road

City Wheatland State WY Zip Code 82201-

Purpose of Disbursement
REIMBURSEMENT FOR TRAVEL

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1168
Date of Disbursement

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

Amount of Each Disbursement this Period

295.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

REIMBURSEMENT FOR TRAVEL

SUBTOTAL of Disbursements This Page (optional) ▶

550.00

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

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

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

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

A. Adlers Full Name (Last, First, Middle Initial) Mailing Address Lakeside Mall City Metairie State LA Zip Code 70002- Purpose of Disbursement GIFT Candidate Name Office Sought: House Senate Disbursement For: Primary General State: District: Other (specify) ▼			Transaction ID: E1029 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4 Amount of Each Disbursement this Period 166.87 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 GIFT
B. Ms. Kim Allen Full Name (Last, First, Middle Initial) Mailing Address 15 Greenleaf Lane City Covington State LA Zip Code 70435-8020 Purpose of Disbursement REIMBURSEMENT FOR TRAVEL Candidate Name Office Sought: House Senate Disbursement For: Primary General State: District: Other (specify) ▼			Transaction ID: E1095 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 4 Amount of Each Disbursement this Period 1771.41 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 REIMBURSEMENT FOR TRAVEL
C. Ms. Kim Allen Full Name (Last, First, Middle Initial) Mailing Address 15 Greenleaf Lane City Covington State LA Zip Code 70435-8020 Purpose of Disbursement SALARY Candidate Name Office Sought: House Senate Disbursement For: Primary General State: District: Other (specify) ▼			Transaction ID: E1246 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 4 Amount of Each Disbursement this Period 1089.81 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SALARY

SUBTOTAL of Disbursements This Page (optional) ►

3028.09

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Bobby Jindal

Full Name (Last, First, Middle Initial)

A. Ms. Kim Allen

Mailing Address 15 Greenleaf Lane

City Covington State LA Zip Code 70435-8020

Purpose of Disbursement
ELECTION BONUS

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Transaction ID: E1202

Date of Disbursement

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

Amount of Each Disbursement this Period

6000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

ELECTION BONUS

Full Name (Last, First, Middle Initial)

B. Ms. Kim Allen

Mailing Address 15 Greenleaf Lane

City Covington State LA Zip Code 70435-8020

Purpose of Disbursement
REIMBURSEMENT FOR TRAVEL

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Transaction ID: E1273

Date of Disbursement

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

Amount of Each Disbursement this Period

2940.26

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

REIMBURSEMENT FOR TRAVEL

Full Name (Last, First, Middle Initial)

C. Amite Signs

Mailing Address Mr. Bob Mounce
P.O. Box 696

City Amite State LA Zip Code 70422-

Purpose of Disbursement
CAMPAIGN SIGNS

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Transaction ID: E1271

Date of Disbursement

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

Amount of Each Disbursement this Period

1465.23

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

CAMPAIGN SIGNS

SUBTOTAL of Disbursements This Page (optional) ▶

10405.49

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

Full Name (Last, First, Middle Initial)
A. Andreas Restaurant & Catering

Mailing Address 3100 19th Street

City State Zip Code
Metairie LA 70002-

Purpose of Disbursement
EVENT EXPENSE

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1214
Date of Disbursement

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

Amount of Each Disbursement this Period

1750.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

EVENT EXPENSE

Full Name (Last, First, Middle Initial)
B. APlasticBag.com

Mailing Address 3741 Merced Drive, F1

City State Zip Code
Riverside CA 92503-

Purpose of Disbursement
CAMPAIGN MEMORABILIA

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1272
Date of Disbursement

M M / D D / Y Y Y Y
1 1 / 0 5 / 2 0 0 4

Amount of Each Disbursement this Period

3010.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

CAMPAIGN MEMORABILIA

Full Name (Last, First, Middle Initial)
C. Astral Project

Mailing Address 74 Egret Street

City State Zip Code
New Orleans LA 70124-

Purpose of Disbursement
EVENT ENTERTAINMENT

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1221
Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

EVENT ENTERTAINMENT

SUBTOTAL of Disbursements This Page (optional) ▶

5760.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial)
Allee Bautsch

Mailing Address 2052 Royal St.

City State Zip Code
New Orleans LA 70116-

Purpose of Disbursement
REIMBURSEMENT FOR TRAVEL

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1237
Date of Disbursement

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

Amount of Each Disbursement this Period

29.49

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

REIMBURSEMENT FOR TRAVEL

B. Full Name (Last, First, Middle Initial)
Allee Bautsch

Mailing Address 2052 Royal St.

City State Zip Code
New Orleans LA 70116-

Purpose of Disbursement
REIMBURSEMENT FOR CELL PHONE

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1039
Date of Disbursement

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

Amount of Each Disbursement this Period

80.36

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

REIMBURSEMENT FOR CELL PH-
ONE

C. Full Name (Last, First, Middle Initial)
Allee Bautsch

Mailing Address 2052 Royal St.

City State Zip Code
New Orleans LA 70116-

Purpose of Disbursement
SALARY

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1249
Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 4

Amount of Each Disbursement this Period

424.75

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SALARY

SUBTOTAL of Disbursements This Page (optional) ▶

534.60

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

Full Name (Last, First, Middle Initial)
A. Allee Bautsch

Mailing Address 2052 Royal St.

City State Zip Code
New Orleans LA 70116-

Purpose of Disbursement
ELECTION BONUS

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1200
Date of Disbursement

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

Amount of Each Disbursement this Period

2500.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

ELECTION BONUS

Full Name (Last, First, Middle Initial)
B. Allee Bautsch

Mailing Address 2052 Royal St.

City State Zip Code
New Orleans LA 70116-

Purpose of Disbursement
REIMBURSEMENT FOR TRAVEL

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1219
Date of Disbursement

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

Amount of Each Disbursement this Period

15.25

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

REIMBURSEMENT FOR TRAVEL

Full Name (Last, First, Middle Initial)
C. Allee Bautsch

Mailing Address 2052 Royal St.

City State Zip Code
New Orleans LA 70116-

Purpose of Disbursement
REIMBURSEMENT FOR PHONE

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1231
Date of Disbursement

M M / D D / Y Y Y Y
1 1 / 0 5 / 2 0 0 4

Amount of Each Disbursement this Period

84.53

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

REIMBURSEMENT FOR PHONE

SUBTOTAL of Disbursements This Page (optional) ▶

2599.78

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

Full Name (Last, First, Middle Initial)
A. Allee Bautsch

Mailing Address 2052 Royal St.

City State Zip Code
New Orleans LA 70116-

Purpose of Disbursement
REIMBURSEMENT FOR PHONE

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1388
Date of Disbursement

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

Amount of Each Disbursement this Period

70.38

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

REIMBURSEMENT FOR PHONE

Full Name (Last, First, Middle Initial)
B. Andrew Bautsch

Mailing Address 5005 academy dr.

City State Zip Code
New Orleans LA 70114-

Purpose of Disbursement
SALARY

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1247
Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 4

Amount of Each Disbursement this Period

211.87

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SALARY

Full Name (Last, First, Middle Initial)
C. Andrew Bautsch

Mailing Address 5005 academy dr.

City State Zip Code
New Orleans LA 70114-

Purpose of Disbursement
REIMBURSEMENT FOR TRAVEL

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1220
Date of Disbursement

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

Amount of Each Disbursement this Period

205.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

REIMBURSEMENT FOR TRAVEL

SUBTOTAL of Disbursements This Page (optional) ►

487.25

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

Full Name (Last, First, Middle Initial)
A. Andrew Bautsch

Mailing Address 5005 academy dr.

City State Zip Code
New Orleans LA 70114-

Purpose of Disbursement
REIMBURSEMENT FOR TRAVEL

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1390
Date of Disbursement

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

Amount of Each Disbursement this Period

56.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

REIMBURSEMENT FOR TRAVEL

Full Name (Last, First, Middle Initial)
B. Bellweather Consulting Group

Mailing Address 815 Slaters Lane

City State Zip Code
Alexandria VA 22314-

Purpose of Disbursement
FUNDRAISING CONSULTANT

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1034
Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

FUNDRAISING CONSULTANT

Full Name (Last, First, Middle Initial)
C. Bellweather Consulting Group

Mailing Address 815 Slaters Lane

City State Zip Code
Alexandria VA 22314-

Purpose of Disbursement
FUNDRAISING CONSULTANT

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1277
Date of Disbursement

M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 4

Amount of Each Disbursement this Period

16147.40

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

FUNDRAISING CONSULTANT

SUBTOTAL of Disbursements This Page (optional) ▶

17203.40

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

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial)
Bellweather Consulting Group

Mailing Address 815 Slaters Lane

City Alexandria State VA Zip Code 22314-

Purpose of Disbursement
FUNDRAISING CONSULTANT

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1384
Date of Disbursement

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

Amount of Each Disbursement this Period

2204.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

FUNDRAISING CONSULTANT

B. Full Name (Last, First, Middle Initial)
Allison Bent

Mailing Address 3968 Haddon Street

City Metairie State LA Zip Code 70002-

Purpose of Disbursement
REIMBURSEMENT FOR SUPPLIES

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1257
Date of Disbursement

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

Amount of Each Disbursement this Period

15.91

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

REIMBURSEMENT FOR SUPPLIES

C. Full Name (Last, First, Middle Initial)
Allison Bent

Mailing Address 3968 Haddon Street

City Metairie State LA Zip Code 70002-

Purpose of Disbursement
REIMBURSEMENT FOR TRAVEL

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1036
Date of Disbursement

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

Amount of Each Disbursement this Period

29.60

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

REIMBURSEMENT FOR TRAVEL

SUBTOTAL of Disbursements This Page (optional) ▶

2249.51

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial)
Allison Bent

Mailing Address 3968 Haddon Street

City State Zip Code
Metairie LA 70002-

Purpose of Disbursement
SALARY

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1248
Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 4

Amount of Each Disbursement this Period

211.87

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SALARY

B. Full Name (Last, First, Middle Initial)
Allison Bent

Mailing Address 3968 Haddon Street

City State Zip Code
Metairie LA 70002-

Purpose of Disbursement
ELECTION BONUS

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1208
Date of Disbursement

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

Amount of Each Disbursement this Period

500.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

ELECTION BONUS

C. Full Name (Last, First, Middle Initial)
Allison Bent

Mailing Address 3968 Haddon Street

City State Zip Code
Metairie LA 70002-

Purpose of Disbursement
REIMBURSEMENT FOR TRAVEL

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1229
Date of Disbursement

M M / D D / Y Y Y Y
1 1 / 0 5 / 2 0 0 4

Amount of Each Disbursement this Period

63.64

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

REIMBURSEMENT FOR TRAVEL

SUBTOTAL of Disbursements This Page (optional) ▶

775.51

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="checked" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial)
Brennans Restaurant

Mailing Address 417 Royal Street

City State Zip Code
New Orleans LA 70130-

Purpose of Disbursement
MEETING EXPENSE

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1261
Date of Disbursement

M M / D D / Y Y Y Y
1 1 / 0 8 / 2 0 0 4

Amount of Each Disbursement this Period

407.79

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

MEETING EXPENSE

B. Full Name (Last, First, Middle Initial)
Campaign Solutions

Mailing Address 118 North Saint Asaph Street

City State Zip Code
Alexandria VA 22314-

Purpose of Disbursement
ONLINE FUNDRAISING FEES - SUSTAININ

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1074
Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 4

Amount of Each Disbursement this Period

35.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

ONLINE FUNDRAISING FEES -
SUSTAININ

C. Full Name (Last, First, Middle Initial)
Campaign Solutions

Mailing Address 118 North Saint Asaph Street

City State Zip Code
Alexandria VA 22314-

Purpose of Disbursement
ONLINE FUNDRAISING FEES

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1075
Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 4

Amount of Each Disbursement this Period

1451.54

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

ONLINE FUNDRAISING FEES

SUBTOTAL of Disbursements This Page (optional) ▶

1894.33

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

Full Name (Last, First, Middle Initial)

A. Campaign Solutions

Mailing Address 118 North Saint Asaph Street

City Alexandria State VA Zip Code 22314-

Purpose of Disbursement
ONLINE FUNDRAISING FEES

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1245

Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 4

Amount of Each Disbursement this Period

1080.10

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

ONLINE FUNDRAISING FEES

Full Name (Last, First, Middle Initial)

B. Mr. Andy Carter

Mailing Address 12013 Kingswood Blvd.

City Fredericksburg State VA Zip Code 22408-

Purpose of Disbursement
REIMBURSEMENT FOR TRAVEL

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1020

Date of Disbursement

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

Amount of Each Disbursement this Period

46.32

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

REIMBURSEMENT FOR TRAVEL

Full Name (Last, First, Middle Initial)

C. Mr. Andy Carter

Mailing Address 12013 Kingswood Blvd.

City Fredericksburg State VA Zip Code 22408-

Purpose of Disbursement
REIMBURSEMENT FOR TRAVEL

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1035

Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 0 4

Amount of Each Disbursement this Period

70.43

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

REIMBURSEMENT FOR TRAVEL

SUBTOTAL of Disbursements This Page (optional) ►

1196.85

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

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

Full Name (Last, First, Middle Initial)
A. Mr. Andy Carter

Mailing Address 12013 Kingswood Blvd.

City Fredericksburg State VA Zip Code 22408-

Purpose of Disbursement
REIMBURSEMENT FOR MEALS

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Transaction ID: E1090
Date of Disbursement

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

Amount of Each Disbursement this Period

16.16

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

REIMBURSEMENT FOR MEALS

Full Name (Last, First, Middle Initial)
B. Mr. Andy Carter

Mailing Address 12013 Kingswood Blvd.

City Fredericksburg State VA Zip Code 22408-

Purpose of Disbursement
SALARY

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Transaction ID: E1250
Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 4

Amount of Each Disbursement this Period

708.06

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SALARY

Full Name (Last, First, Middle Initial)
C. Mr. Andy Carter

Mailing Address 12013 Kingswood Blvd.

City Fredericksburg State VA Zip Code 22408-

Purpose of Disbursement
REIMBURSEMENT FOR TRAVEL

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Transaction ID: E1241
Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 4

Amount of Each Disbursement this Period

239.65

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

REIMBURSEMENT FOR TRAVEL

SUBTOTAL of Disbursements This Page (optional) ▶

963.87

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial)
Mr. Andy Carter

Mailing Address 12013 Kingswood Blvd.

City Fredericksburg State VA Zip Code 22408-

Purpose of Disbursement
ELECTION BONUS

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1203
Date of Disbursement

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

Amount of Each Disbursement this Period

5000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

ELECTION BONUS

B. Full Name (Last, First, Middle Initial)
Mr. Andy Carter

Mailing Address 12013 Kingswood Blvd.

City Fredericksburg State VA Zip Code 22408-

Purpose of Disbursement
REIMBURSEMENT FOR PHONE

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1230
Date of Disbursement

M M / D D / Y Y Y Y
1 1 / 0 5 / 2 0 0 4

Amount of Each Disbursement this Period

67.64

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

REIMBURSEMENT FOR PHONE

C. Full Name (Last, First, Middle Initial)
Castellanos Group

Mailing Address 1717 King Street

City Alexandria State VA Zip Code 22314-

Purpose of Disbursement
MEDIA BUY

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1385
Date of Disbursement

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

Amount of Each Disbursement this Period

10312.86

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

MEDIA BUY

SUBTOTAL of Disbursements This Page (optional) ▶

15380.50

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

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

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial)
Catcomm Internet Services LLCMailing Address 4051 Veterans Blvd.
Suite 401City State Zip Code
Metairie LA 70002-Purpose of Disbursement
INTERNET

Candidate Name

Category/
TypeOffice Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1172

Date of Disbursement

M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 4

Amount of Each Disbursement this Period

72.76

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

INTERNET

B. Full Name (Last, First, Middle Initial)
Cingular Wireless

Mailing Address P.O. Box 650584

City State Zip Code
Dallas TX 75265-Purpose of Disbursement
CELLULAR PHONE

Candidate Name

Category/
TypeOffice Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1145

Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 4

Amount of Each Disbursement this Period

470.72

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

CELLULAR PHONE

C. Full Name (Last, First, Middle Initial)
EfaxMailing Address 6922 Hollywood Blvd.
5th FloorCity State Zip Code
Los Angeles CA 90028-Purpose of Disbursement
PHONES

Candidate Name

Category/
TypeOffice Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1286

Date of Disbursement

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

Amount of Each Disbursement this Period

12.95

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

PHONES

SUBTOTAL of Disbursements This Page (optional) ►**556.43****TOTAL** This Period (last page this line number only) ►

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial) Efax			Transaction ID: E1313 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 4		
Mailing Address 6922 Hollywood Blvd. 5th Floor			Amount of Each Disbursement this Period 10.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PHONES		
City Los Angeles State CA Zip Code 90028-					
Purpose of Disbursement PHONES					
Candidate Name					
Office Sought: House Senate President State: District:		Disbursement For: Primary General Other (specify) ▼		Amount of Each Disbursement this Period 10.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PHONES	
Full Name (Last, First, Middle Initial) Efax			Transaction ID: E1337 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 4		
Mailing Address 6922 Hollywood Blvd. 5th Floor			Amount of Each Disbursement this Period 10.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PHONES		
City Los Angeles State CA Zip Code 90028-					
Purpose of Disbursement PHONES					
Candidate Name					
Office Sought: House Senate President State: District:		Disbursement For: Primary General Other (specify) ▼		Amount of Each Disbursement this Period 12.95 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PHONES	
Full Name (Last, First, Middle Initial) Efax			Transaction ID: E1346 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 4		
Mailing Address 6922 Hollywood Blvd. 5th Floor			Amount of Each Disbursement this Period 12.95 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PHONES		
City Los Angeles State CA Zip Code 90028-					
Purpose of Disbursement PHONES					
Candidate Name					
Office Sought: House Senate President State: District:		Disbursement For: Primary General Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional) ►

32.95

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

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

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Bobby Jindal

Full Name (Last, First, Middle Initial)

A. Evans & Associates

Mailing Address 1748 Jackson Avenue

City State Zip Code
New Orleans LA 70113-Purpose of Disbursement
POLITICAL CONSULTING

Candidate Name

Category/
TypeOffice Sought: House Senate President
Disbursement For: Primary General
Other (specify) ▼

State: District:

Transaction ID: E1169

Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 4

Amount of Each Disbursement this Period

5000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

POLITICAL CONSULTING

Full Name (Last, First, Middle Initial)

B. Expedia

Mailing Address 13810 SE Eastgate Way, Ste. 400

City State Zip Code
Bellevue WA 98005-Purpose of Disbursement
TRAVEL

Candidate Name

Category/
TypeOffice Sought: House Senate President
Disbursement For: Primary General
Other (specify) ▼

State: District:

Transaction ID: E1285

Date of Disbursement

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

Amount of Each Disbursement this Period

24.99

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

TRAVEL

Full Name (Last, First, Middle Initial)

C. Expedia

Mailing Address 13810 SE Eastgate Way, Ste. 400

City State Zip Code
Bellevue WA 98005-Purpose of Disbursement
TRAVEL

Candidate Name

Category/
TypeOffice Sought: House Senate President
Disbursement For: Primary General
Other (specify) ▼

State: District:

Transaction ID: E1360

Date of Disbursement

M M / D D / Y Y Y Y
1 1 / 0 8 / 2 0 0 4

Amount of Each Disbursement this Period

10.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

TRAVEL

SUBTOTAL of Disbursements This Page (optional) ▶

5034.99

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

A. Express Productions			Full Name (Last, First, Middle Initial) Mailing Address 400 Madison Street		Transaction ID: E1212 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 4	
City Gretna State LA Zip Code 70053-			Purpose of Disbursement EVENT EXPENSE		Amount of Each Disbursement this Period 820.00	
Candidate Name			Category/ Type		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: House Senate President State: District:			Disbursement For: Primary General Other (specify) ▼		EVENT EXPENSE	
B. Exxon - Causeway			Full Name (Last, First, Middle Initial) Mailing Address 2209 N. Causeway Blvd.		Transaction ID: E1282 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 4	
City Metairie State LA Zip Code 70001-			Purpose of Disbursement TRAVEL EXPENSE		Amount of Each Disbursement this Period 29.18	
Candidate Name			Category/ Type		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: House Senate President State: District:			Disbursement For: Primary General Other (specify) ▼		TRAVEL EXPENSE	
C. Exxon - Causeway			Full Name (Last, First, Middle Initial) Mailing Address 2209 N. Causeway Blvd.		Transaction ID: E1298 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 4	
City Metairie State LA Zip Code 70001-			Purpose of Disbursement TRAVEL EXPENSE		Amount of Each Disbursement this Period 31.92	
Candidate Name			Category/ Type		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: House Senate President State: District:			Disbursement For: Primary General Other (specify) ▼		TRAVEL EXPENSE	

SUBTOTAL of Disbursements This Page (optional) ►

881.10

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial)
Exxon - Causeway

Mailing Address 2209 N. Causeway Blvd.

City State Zip Code
Metairie LA 70001-

Purpose of Disbursement
AUTOMOBILE EXPENSE

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1335
Date of Disbursement

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

Amount of Each Disbursement this Period

24.07

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

AUTOMOBILE EXPENSE

B. Full Name (Last, First, Middle Initial)
Fed Ex

Mailing Address 3501 N. Causeway Blvd.

City State Zip Code
Metairie LA 70002-

Purpose of Disbursement
SHIPPING

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1028
Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 0 4

Amount of Each Disbursement this Period

14.62

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SHIPPING

C. Full Name (Last, First, Middle Initial)
Fed Ex

Mailing Address 3501 N. Causeway Blvd.

City State Zip Code
Metairie LA 70002-

Purpose of Disbursement
SHIPPING

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1087
Date of Disbursement

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

Amount of Each Disbursement this Period

14.62

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SHIPPING

SUBTOTAL of Disbursements This Page (optional) ▶

53.31

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial) Fed Ex			Transaction ID: E1124 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 4		
Mailing Address 3501 N. Causeway Blvd.			Amount of Each Disbursement this Period 18.34 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SHIPPING		
City Metarie State LA Zip Code 70002-					
Purpose of Disbursement SHIPPING					
Candidate Name					
Office Sought: House Senate President		Disbursement For: Primary General Other (specify) ▼		Category/Type SHIPPING	
State: District:					
Full Name (Last, First, Middle Initial) B. Fed Ex			Transaction ID: E1179 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 4		
Mailing Address 3501 N. Causeway Blvd.			Amount of Each Disbursement this Period 53.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SHIPPING		
City Metarie State LA Zip Code 70002-					
Purpose of Disbursement SHIPPING					
Candidate Name					
Office Sought: House Senate President		Disbursement For: Primary General Other (specify) ▼		Category/Type SHIPPING	
State: District:					
Full Name (Last, First, Middle Initial) C. Fed Ex			Transaction ID: E1188 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 4		
Mailing Address 3501 N. Causeway Blvd.			Amount of Each Disbursement this Period 240.66 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SHIPPING		
City Metarie State LA Zip Code 70002-					
Purpose of Disbursement SHIPPING					
Candidate Name					
Office Sought: House Senate President		Disbursement For: Primary General Other (specify) ▼		Category/Type SHIPPING	
State: District:					

SUBTOTAL of Disbursements This Page (optional) ►

312.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial)
Fed Ex

Mailing Address 3501 N. Causeway Blvd.

City State Zip Code
Metarie LA 70002-

Purpose of Disbursement
SHIPPING

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1353
Date of Disbursement

M M / D D / Y Y Y Y
1 1 / 0 8 / 2 0 0 4

Amount of Each Disbursement this Period

20.92

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SHIPPING

B. Full Name (Last, First, Middle Initial)

Fed Ex

Mailing Address 3501 N. Causeway Blvd.

City State Zip Code
Metarie LA 70002-

Purpose of Disbursement
SHIPPING

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1275
Date of Disbursement

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

Amount of Each Disbursement this Period

35.33

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SHIPPING

C. Full Name (Last, First, Middle Initial)

Fed Ex

Mailing Address 3501 N. Causeway Blvd.

City State Zip Code
Metarie LA 70002-

Purpose of Disbursement
SHIPPING

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1368
Date of Disbursement

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

Amount of Each Disbursement this Period

18.34

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SHIPPING

SUBTOTAL of Disbursements This Page (optional) ▶

74.59

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial) Fed Ex			Transaction ID: E1372 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 9 / 2 0 0 4	
Mailing Address 3501 N. Causeway Blvd.			Amount of Each Disbursement this Period 14.54 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SHIPPING	
City Metarie State LA Zip Code 70002-				
Purpose of Disbursement SHIPPING				
Candidate Name				
Office Sought:	House Senate President	Disbursement For:	Amount of Each Disbursement this Period 132.29 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SHIPPING	
State:	District:	Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) Fed Ex		Transaction ID: E1375 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 4		
Mailing Address 3501 N. Causeway Blvd.				
City Metarie State LA Zip Code 70002-		Amount of Each Disbursement this Period 2723.10 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PRINTING		
Purpose of Disbursement SHIPPING				
Candidate Name				
Office Sought:	House Senate President			Disbursement For:
State:	District:	Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) Franklin Southland Printing			Transaction ID: E1037 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 4	
Mailing Address 3212 Seventh Street			Amount of Each Disbursement this Period 2723.10 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PRINTING	
City Metarie State LA Zip Code 70002-				
Purpose of Disbursement PRINTING				
Candidate Name				
Office Sought:	House Senate President	Disbursement For:	Amount of Each Disbursement this Period 2723.10 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PRINTING	
State:	District:	Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ►

2869.93

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

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

A. Franklin Southland Printing			Transaction ID: E1224 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 4	
Mailing Address 3212 Seventh Street			Amount of Each Disbursement this Period	
City Metairie State LA Zip Code 70002-		117.45		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement PRINTING		Category/ Type	PRINTING	
Candidate Name				
Office Sought: House Senate President State: District:				
Disbursement For: Primary General Other (specify) ▼				
B. Franklin Southland Printing			Transaction ID: E1387 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 4	
Mailing Address 3212 Seventh Street			Amount of Each Disbursement this Period	
City Metairie State LA Zip Code 70002-		11315.44		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement PRINTING		Category/ Type	PRINTING	
Candidate Name				
Office Sought: House Senate President State: District:				
Disbursement For: Primary General Other (specify) ▼				
C. Frontier Airlines			Transaction ID: E1047 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 4	
Mailing Address 7001 Tower Road			Amount of Each Disbursement this Period	
City Denver State CO Zip Code 80249-		251.21		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement TRAVEL		Category/ Type	TRAVEL	
Candidate Name				
Office Sought: House Senate President State: District:				
Disbursement For: Primary General Other (specify) ▼				

SUBTOTAL of Disbursements This Page (optional) ►

11684.10

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

Full Name (Last, First, Middle Initial)
A. GCR & Associates

Mailing Address 2021 Lakeshore Drive, Ste. 500

City State Zip Code
New Orleans LA 70122-

Purpose of Disbursement
POLITICAL CONSULTING

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1019
Date of Disbursement

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

Amount of Each Disbursement this Period

5000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

POLITICAL CONSULTING

Full Name (Last, First, Middle Initial)
B. Raymond Griffin

Mailing Address 3930 Jean Lafitte Blvd.

City State Zip Code
Lafitte LA 70067-

Purpose of Disbursement
REIMBURSEMENT FOR TRAVEL

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1176
Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 4

Amount of Each Disbursement this Period

37.74

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

REIMBURSEMENT FOR TRAVEL

Full Name (Last, First, Middle Initial)
C. Raymond Griffin

Mailing Address 3930 Jean Lafitte Blvd.

City State Zip Code
Lafitte LA 70067-

Purpose of Disbursement
REIMBURSEMENT FOR TRAVEL

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1266
Date of Disbursement

M M / D D / Y Y Y Y
1 1 / 0 5 / 2 0 0 4

Amount of Each Disbursement this Period

30.34

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

REIMBURSEMENT FOR TRAVEL

SUBTOTAL of Disbursements This Page (optional) ▶

5068.08

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial)
Raymond Griffin

Mailing Address 3930 Jean Lafitte Blvd.

City State Zip Code
Lafitte LA 70067-

Purpose of Disbursement
REIMBURSEMENT FOR TRAVEL

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1265
Date of Disbursement

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

Amount of Each Disbursement this Period

32.19

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

REIMBURSEMENT FOR TRAVEL

B. Full Name (Last, First, Middle Initial)
Raymond Griffin

Mailing Address 3930 Jean Lafitte Blvd.

City State Zip Code
Lafitte LA 70067-

Purpose of Disbursement
REIMBURSEMENT FOR TRAVEL

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1389
Date of Disbursement

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

Amount of Each Disbursement this Period

56.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

REIMBURSEMENT FOR TRAVEL

C. Full Name (Last, First, Middle Initial)
Honey Baked Hams

Mailing Address 3211 N. Causeway Blvd.

City State Zip Code
Metairie LA 70002-

Purpose of Disbursement
EVENT CATERING

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1133
Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 4

Amount of Each Disbursement this Period

1071.15

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

EVENT CATERING

SUBTOTAL of Disbursements This Page (optional) ▶

1159.34

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 113 / 187

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial)
Honey Baked Hams

Mailing Address 3211 N. Causeway Blvd.

City State Zip Code
Metairie LA 70002-

Purpose of Disbursement
EVENT CATERING

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1181
Date of Disbursement

M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 4

Amount of Each Disbursement this Period

848.25

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

EVENT CATERING

B. Full Name (Last, First, Middle Initial)
Hyatt Hotels

Mailing Address 500 Poydras Plaza

City State Zip Code
New Orleans LA 70113-

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1373
Date of Disbursement

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

Amount of Each Disbursement this Period

234.69

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

TRAVEL EXPENSE

C. Full Name (Last, First, Middle Initial)
Bobby Jindal

Mailing Address 244 Le Grande Bayou

City State Zip Code
Kenner LA 70065-

Purpose of Disbursement
REIMBURSEMENT FOR TRAVEL

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1238
Date of Disbursement

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

Amount of Each Disbursement this Period

370.67

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

REIMBURSEMENT FOR TRAVEL

SUBTOTAL of Disbursements This Page (optional) ▶

1453.61

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 114 / 187

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

A. Bobby Jindal		Transaction ID: E1240 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 4	
Mailing Address 244 Le Grande Bayou		Amount of Each Disbursement this Period 23.00	
City Kenner	State LA	Zip Code 70065-	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 REIMBURSEMENT FOR TRAVEL
Purpose of Disbursement REIMBURSEMENT FOR TRAVEL		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify) ▼		
B. Bobby Jindal		Transaction ID: E1227 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 4	
Mailing Address 244 Le Grande Bayou		Amount of Each Disbursement this Period 221.20	
City Kenner	State LA	Zip Code 70065-	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 REIMBURSEMENT FOR TRAVEL
Purpose of Disbursement REIMBURSEMENT FOR TRAVEL		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify) ▼		
C. Indira Kailas		Transaction ID: C8538IK Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 4	
Mailing Address 3525 North Causeway		Amount of Each Disbursement this Period 1000.00	
City Metairie	State LA	Zip Code 70001-	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 IN KIND: RENT
Purpose of Disbursement RENT		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ►

1244.20

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial)
Mohan Kailas

Mailing Address 3525 N. Causeway Blvd.
10th Floor

City Metairie State LA Zip Code 70002-

Purpose of Disbursement
RENT

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: C8537IK
Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

IN KIND: RENT

B. Full Name (Last, First, Middle Initial)
Rao Kata

Mailing Address 3525 N. Causeway Blvd.
10th Floor

City Metairie State LA Zip Code 70002-

Purpose of Disbursement
RENT

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: C8536IK
Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

IN KIND: RENT

C. Full Name (Last, First, Middle Initial)
Uma Kata

Mailing Address 5325 N. Causeway Blvd.
10th Floor

City Metairie State LA Zip Code 70002-

Purpose of Disbursement
RENT

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: C8539IK
Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

IN KIND: RENT

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial)
Kinkos

Mailing Address 3815 Veterans Blvd.

City State Zip Code
Metairie LA 70002-5601

Purpose of Disbursement
PRINTING COSTS

Candidate Name

Category/
Type

Office Sought: House Senate
State: District: President
Disbursement For: Primary General
Other (specify) ▼

Transaction ID: E1289
Date of Disbursement

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

Amount of Each Disbursement this Period

63.08

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

PRINTING COSTS

B. Full Name (Last, First, Middle Initial)
Kinkos

Mailing Address 3815 Veterans Blvd.

City State Zip Code
Metairie LA 70002-5601

Purpose of Disbursement
PRINTING COSTS

Candidate Name

Category/
Type

Office Sought: House Senate
State: District: President
Disbursement For: Primary General
Other (specify) ▼

Transaction ID: E1352
Date of Disbursement

M M / D D / Y Y Y Y
1 1 / 0 8 / 2 0 0 4

Amount of Each Disbursement this Period

37.85

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

PRINTING COSTS

C. Full Name (Last, First, Middle Initial)
Kinkos

Mailing Address 3815 Veterans Blvd.

City State Zip Code
Metairie LA 70002-5601

Purpose of Disbursement
PRINTING COSTS

Candidate Name

Category/
Type

Office Sought: House Senate
State: District: President
Disbursement For: Primary General
Other (specify) ▼

Transaction ID: E1363
Date of Disbursement

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

Amount of Each Disbursement this Period

37.67

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

PRINTING COSTS

SUBTOTAL of Disbursements This Page (optional) ▶

138.60

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 117 / 187

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

A. Kinkos			Full Name (Last, First, Middle Initial) Kinkos		Transaction ID: E1367 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 0 4	
Mailing Address 3815 Veterans Blvd.					Amount of Each Disbursement this Period 42.59	
City Metairie		State LA	Zip Code 70002-5601		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PRINTING COSTS			Category/ Type		PRINTING COSTS	
Candidate Name						
Office Sought: House Senate President		Disbursement For: Primary General Other (specify) ▼				
State: District:						
B. Kinkos			Full Name (Last, First, Middle Initial) Kinkos		Transaction ID: E1370 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 4	
Mailing Address 3815 Veterans Blvd.					Amount of Each Disbursement this Period 10.85	
City Metairie		State LA	Zip Code 70002-5601		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PRINTING COSTS			Category/ Type		PRINTING COSTS	
Candidate Name						
Office Sought: House Senate President		Disbursement For: Primary General Other (specify) ▼				
State: District:						
C. Luke Letlow			Full Name (Last, First, Middle Initial) Luke Letlow		Transaction ID: E1077 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 4	
Mailing Address 7934 Breakwater Drive					Amount of Each Disbursement this Period 159.90	
City New Orleans		State LA	Zip Code 70124-		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SEE BELOW			Category/ Type		SEE BELOW	
Candidate Name						
Office Sought: House Senate President		Disbursement For: Primary General Other (specify) ▼				
State: District:						

SUBTOTAL of Disbursements This Page (optional) ►

213.34

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

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

Full Name (Last, First, Middle Initial)
A. T Mobile

Mailing Address 1401 West Esplanade Avenue
Space 5527

City Kenner State LA Zip Code 70065-

Purpose of Disbursement
CELLULAR PHONE

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District: Disbursement For: Primary General
Other (specify) ▼

Transaction ID: E1078
Date of Disbursement

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

Amount of Each Disbursement this Period

159.90

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: CELLULAR PHONE

Full Name (Last, First, Middle Initial)
B. Luke Letlow

Mailing Address 7934 Breakwater Drive

City New Orleans State LA Zip Code 70124-

Purpose of Disbursement
SALARY

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District: Disbursement For: Primary General
Other (specify) ▼

Transaction ID: E1251
Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 4

Amount of Each Disbursement this Period

1311.12

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SALARY

Full Name (Last, First, Middle Initial)
C. Luke Letlow

Mailing Address 7934 Breakwater Drive

City New Orleans State LA Zip Code 70124-

Purpose of Disbursement
ELECTION BONUS

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District: Disbursement For: Primary General
Other (specify) ▼

Transaction ID: E1201
Date of Disbursement

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

Amount of Each Disbursement this Period

7000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

ELECTION BONUS

SUBTOTAL of Disbursements This Page (optional) ▶

8311.12

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

A. Logo Express Marketing
Full Name (Last, First, Middle Initial)

Mailing Address 649 Yetta Street

City State Zip Code
Harvey LA 70058-

Purpose of Disbursement
PRINTING

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1132
Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 4

Amount of Each Disbursement this Period

800.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

PRINTING

B. Louisiana Press Association
Full Name (Last, First, Middle Initial)

Mailing Address 404 Europe Street

City State Zip Code
Baton Rouge LA 70802-

Purpose of Disbursement
ADVERTISING

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1033
Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 4

Amount of Each Disbursement this Period

1564.36

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

ADVERTISING

C. Majority Strategies
Full Name (Last, First, Middle Initial)

Mailing Address 274 Marconi Blvd., Ste. 260

City State Zip Code
Columbus OH 43215-

Purpose of Disbursement
PRINTING

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1239
Date of Disbursement

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

Amount of Each Disbursement this Period

1850.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

PRINTING

SUBTOTAL of Disbursements This Page (optional) ▶

4214.36

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

Full Name (Last, First, Middle Initial)

A. Majority Strategies

Mailing Address 274 Marconi Blvd., Ste. 260

City Columbus State OH Zip Code 43215-

Purpose of Disbursement
PRINTING

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Transaction ID: E1091

Date of Disbursement

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

Amount of Each Disbursement this Period

400.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

PRINTING

Full Name (Last, First, Middle Initial)

B. Majority Strategies

Mailing Address 274 Marconi Blvd., Ste. 260

City Columbus State OH Zip Code 43215-

Purpose of Disbursement
VOIDED CHECK 9-30-04

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Transaction ID: E1076

Date of Disbursement

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

Amount of Each Disbursement this Period

-1850.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

VOIDED CHECK 9-30-04

Full Name (Last, First, Middle Initial)

C. Majority Strategies

Mailing Address 274 Marconi Blvd., Ste. 260

City Columbus State OH Zip Code 43215-

Purpose of Disbursement
PRINTING

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Transaction ID: E1147

Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 4

Amount of Each Disbursement this Period

3650.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

PRINTING

SUBTOTAL of Disbursements This Page (optional) ►

2200.00

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

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial)
Mr. John Mamoulides

Mailing Address 4917 Henican Place

City State Zip Code
Metairie LA 70003-

Purpose of Disbursement
REIMBURSEMENT FOR TRAVEL

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1416
Date of Disbursement

M M / D D / Y Y Y Y
1 1 / 0 5 / 2 0 0 4

Amount of Each Disbursement this Period

1899.06

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

REIMBURSEMENT FOR TRAVEL

B. Full Name (Last, First, Middle Initial)
Metro Press Clipping Bureau

Mailing Address P.O. Box 1929

City State Zip Code
Denham Springs LA 70727-

Purpose of Disbursement
CLIPPING SERVICE

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1175
Date of Disbursement

M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 4

Amount of Each Disbursement this Period

99.45

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

CLIPPING SERVICE

C. Full Name (Last, First, Middle Initial)
Lily Moore

Mailing Address P.O. Box 127

City State Zip Code
Pleasantville NY 10570-

Purpose of Disbursement
INTERN FEES

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1032
Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 4

Amount of Each Disbursement this Period

165.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

INTERN FEES

SUBTOTAL of Disbursements This Page (optional) ▶

2163.51

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

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

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Bobby Jindal

Full Name (Last, First, Middle Initial)

A. Lily Moore

Mailing Address P.O. Box 127

City Pleasantville State NY Zip Code 10570-

Purpose of Disbursement
REIMBURSEMENT FOR TRAVEL

Candidate Name

Category/
TypeOffice Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1146

Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 4

Amount of Each Disbursement this Period

446.45

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

REIMBURSEMENT FOR TRAVEL

Full Name (Last, First, Middle Initial)

B. Mr. Jims Pizza

Mailing Address 2424 Williams Blvd.

City Kenner State LA Zip Code 70062-

Purpose of Disbursement
EVENT EXPENSE

Candidate Name

Category/
TypeOffice Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1170

Date of Disbursement

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

Amount of Each Disbursement this Period

500.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

EVENT EXPENSE

Full Name (Last, First, Middle Initial)

C. Net Atlantic

Mailing Address 10 Federal Street

City Salem State MA Zip Code 01970-

Purpose of Disbursement
TELEPHONE

Candidate Name

Category/
TypeOffice Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1290

Date of Disbursement

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

Amount of Each Disbursement this Period

12.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

TELEPHONE

SUBTOTAL of Disbursements This Page (optional) ▶

958.45

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 123 / 187

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

Full Name (Last, First, Middle Initial)
A. Ms. Sally Nungesser

Mailing Address 1554 Lobdell Avenue

City State Zip Code
Baton Rouge LA 70806-

Purpose of Disbursement
FUNDRAISING CONSULTANT

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1210
Date of Disbursement

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

Amount of Each Disbursement this Period

25000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

FUNDRAISING CONSULTANT

Full Name (Last, First, Middle Initial)
B. Office Depot

Mailing Address 755 Veterans Memorial Blvd.

City State Zip Code
Metairie LA 70005-

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1284
Date of Disbursement

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

Amount of Each Disbursement this Period

133.41

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

OFFICE SUPPLIES

Full Name (Last, First, Middle Initial)
C. Office Depot

Mailing Address 755 Veterans Memorial Blvd.

City State Zip Code
Metairie LA 70005-

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1045
Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 0 4

Amount of Each Disbursement this Period

22.25

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional) ▶

25155.66

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

Full Name (Last, First, Middle Initial)
A. Office Depot

Mailing Address 755 Veterans Memorial Blvd.

City State Zip Code
Metairie LA 70005-

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1299
Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 0 4

Amount of Each Disbursement this Period

66.20

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

OFFICE SUPPLIES

Full Name (Last, First, Middle Initial)
B. Office Depot

Mailing Address 755 Veterans Memorial Blvd.

City State Zip Code
Metairie LA 70005-

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1083
Date of Disbursement

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

Amount of Each Disbursement this Period

13.59

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

OFFICE SUPPLIES

Full Name (Last, First, Middle Initial)
C. Office Depot

Mailing Address 755 Veterans Memorial Blvd.

City State Zip Code
Metairie LA 70005-

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1300
Date of Disbursement

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

Amount of Each Disbursement this Period

57.13

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional) ►

136.92

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

Full Name (Last, First, Middle Initial) A. Office Depot		Transaction ID: E1303 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 4	
Mailing Address 755 Veterans Memorial Blvd.		Amount of Each Disbursement this Period 163.29	
City Metairie	State LA	Zip Code 70005-	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 OFFICE SUPPLIES
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) B. Office Depot		Transaction ID: E1125 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 4	
Mailing Address 755 Veterans Memorial Blvd.		Amount of Each Disbursement this Period 217.40	
City Metairie	State LA	Zip Code 70005-	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 OFFICE SUPPLIES
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) C. Office Depot		Transaction ID: E1309 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 4	
Mailing Address 755 Veterans Memorial Blvd.		Amount of Each Disbursement this Period 85.05	
City Metairie	State LA	Zip Code 70005-	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 OFFICE SUPPLIES
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ►

465.74

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

Full Name (Last, First, Middle Initial)
A. Office Depot

Mailing Address 755 Veterans Memorial Blvd.

City State Zip Code
Metairie LA 70005-

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1113
Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 4

Amount of Each Disbursement this Period

22.62

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

OFFICE SUPPLIES

Full Name (Last, First, Middle Initial)
B. Office Depot

Mailing Address 755 Veterans Memorial Blvd.

City State Zip Code
Metairie LA 70005-

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1114
Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 4

Amount of Each Disbursement this Period

316.58

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

OFFICE SUPPLIES

Full Name (Last, First, Middle Initial)
C. Office Depot

Mailing Address 755 Veterans Memorial Blvd.

City State Zip Code
Metairie LA 70005-

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1116
Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 4

Amount of Each Disbursement this Period

114.82

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional) ►

454.02

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

Full Name (Last, First, Middle Initial)
A. Office Depot

Mailing Address 755 Veterans Memorial Blvd.

City State Zip Code
Metairie LA 70005-

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1222
Date of Disbursement

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

Amount of Each Disbursement this Period

86.93

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

OFFICE SUPPLIES

Full Name (Last, First, Middle Initial)
B. Office Max

Mailing Address 3526 Veterans Memorial Highway

City State Zip Code
Metairie LA 70002-

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1126
Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 4

Amount of Each Disbursement this Period

95.98

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

OFFICE SUPPLIES

Full Name (Last, First, Middle Initial)
C. Office Max

Mailing Address 3526 Veterans Memorial Highway

City State Zip Code
Metairie LA 70002-

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1136
Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 4

Amount of Each Disbursement this Period

28.26

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional) ►

211.17

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

A. Office Max
Full Name (Last, First, Middle Initial)

Mailing Address 3526 Veterans Memorial Highway

City Metairie State LA Zip Code 70002-

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District: Disbursement For: Primary General
Other (specify) ▼

Transaction ID: E1144
Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 4

Amount of Each Disbursement this Period

147.06

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

OFFICE SUPPLIES

B. Office Max
Full Name (Last, First, Middle Initial)

Mailing Address 3526 Veterans Memorial Highway

City Metairie State LA Zip Code 70002-

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District: Disbursement For: Primary General
Other (specify) ▼

Transaction ID: E1171
Date of Disbursement

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

Amount of Each Disbursement this Period

211.41

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

OFFICE SUPPLIES

C. Office Max
Full Name (Last, First, Middle Initial)

Mailing Address 3526 Veterans Memorial Highway

City Metairie State LA Zip Code 70002-

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District: Disbursement For: Primary General
Other (specify) ▼

Transaction ID: E1185
Date of Disbursement

M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 4

Amount of Each Disbursement this Period

59.24

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional) ▶

417.71

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial)
National Rifle Association PAC

Mailing Address 11250 Waples Mill Road

City State Zip Code
Fairfax VA 22030-

Purpose of Disbursement
EVENT EXPENSE

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1081
Date of Disbursement

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

Amount of Each Disbursement this Period

443.03

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

EVENT EXPENSE

B. Full Name (Last, First, Middle Initial)
Papa Johns

Mailing Address 1531 Metairie Road

City State Zip Code
Metairie LA 70005-

Purpose of Disbursement
EVENT CATERING

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1344
Date of Disbursement

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

Amount of Each Disbursement this Period

114.17

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

EVENT CATERING

C. Full Name (Last, First, Middle Initial)
Matt Parker

Mailing Address P.O. Box 307

City State Zip Code
Philomont VA 20131-

Purpose of Disbursement
SALARY

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1252
Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 4

Amount of Each Disbursement this Period

406.75

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SALARY

SUBTOTAL of Disbursements This Page (optional) ▶

963.95

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial)
Matt Parker

Mailing Address P.O. Box 307

City Philomont State VA Zip Code 20131-

Purpose of Disbursement
ELECTION BONUS

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1204
Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

ELECTION BONUS

B. Full Name (Last, First, Middle Initial)
Matt Parker

Mailing Address P.O. Box 307

City Philomont State VA Zip Code 20131-

Purpose of Disbursement
REIMBURSEMENT FOR TRAVEL

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1228
Date of Disbursement

M M / D D / Y Y Y Y
1 1 / 0 5 / 2 0 0 4

Amount of Each Disbursement this Period

166.50

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

REIMBURSEMENT FOR TRAVEL

C. Full Name (Last, First, Middle Initial)
Matt Parker

Mailing Address P.O. Box 307

City Philomont State VA Zip Code 20131-

Purpose of Disbursement
REIMBURSEMENT FOR TRAVEL

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1270
Date of Disbursement

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

Amount of Each Disbursement this Period

108.41

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

REIMBURSEMENT FOR TRAVEL

SUBTOTAL of Disbursements This Page (optional) ▶

1274.91

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial)
Matt Parker

Mailing Address P.O. Box 307

City Philomont State VA Zip Code 20131-

Purpose of Disbursement
REIMBURSEMENT FOR TRAVEL

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1391
Date of Disbursement

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

Amount of Each Disbursement this Period

56.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

REIMBURSEMENT FOR TRAVEL

B. Full Name (Last, First, Middle Initial)
Nial Patel

Mailing Address 4017 Turtle Bayou

City Kenner State LA Zip Code 70065-

Purpose of Disbursement
REIMBURSEMENT FOR EVENT COSTS

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1129
Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 4

Amount of Each Disbursement this Period

750.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

REIMBURSEMENT FOR EVENT
COSTS

C. Full Name (Last, First, Middle Initial)
Nial Patel

Mailing Address 4017 Turtle Bayou

City Kenner State LA Zip Code 70065-

Purpose of Disbursement
SALARY

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1253
Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 4

Amount of Each Disbursement this Period

224.87

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SALARY

SUBTOTAL of Disbursements This Page (optional) ▶

1030.87

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial) Nial Patel			Transaction ID: E1148 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 4	
Mailing Address 4017 Turtle Bayou			Amount of Each Disbursement this Period 85.67	
City Kenner State LA Zip Code 70065-		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement REIMBURSEMENT FOR FIELD COSTS Candidate Name			REIMBURSEMENT FOR FIELD CO- STS	
Office Sought:	House Senate President	Disbursement For: Primary General Other (specify) ▼		
State:	District:			
B. Full Name (Last, First, Middle Initial) Nial Patel			Transaction ID: E1187 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 4	
Mailing Address 4017 Turtle Bayou			Amount of Each Disbursement this Period 194.85	
City Kenner State LA Zip Code 70065-		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement REIMBURSEMENT FOR TRAVEL Candidate Name			REIMBURSEMENT FOR TRAVEL	
Office Sought:	House Senate President	Disbursement For: Primary General Other (specify) ▼		
State:	District:			
C. Full Name (Last, First, Middle Initial) Nial Patel			Transaction ID: E1207 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 4	
Mailing Address 4017 Turtle Bayou			Amount of Each Disbursement this Period 500.00	
City Kenner State LA Zip Code 70065-		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement ELECTION BONUS Candidate Name			ELECTION BONUS	
Office Sought:	House Senate President	Disbursement For: Primary General Other (specify) ▼		
State:	District:			

SUBTOTAL of Disbursements This Page (optional) ►

780.52

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

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial) Nial Patel			Transaction ID: E1216 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 4	
Mailing Address 4017 Turtle Bayou			Amount of Each Disbursement this Period 270.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 REIMBURSEMENT FOR PHONE	
City Kenner State LA Zip Code 70065-		Category/ Type		
Purpose of Disbursement REIMBURSEMENT FOR PHONE				
Candidate Name				
Office Sought:	House Senate President	Disbursement For: Primary General Other (specify) ▼		IN KIND: POSTAGE
State:	District:			
Full Name (Last, First, Middle Initial) B. Pioneer PAC				
Mailing Address 412 First Street, SE., Ste. 100			Transaction ID: C8470IK Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 4	
City Washington State DC Zip Code 20003-			Amount of Each Disbursement this Period 3700.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 IN KIND: POSTAGE	
Purpose of Disbursement POSTAGE		Category/ Type		
Candidate Name				
Office Sought:	House Senate President			
State:	District:			LIST ACQUISITION
Full Name (Last, First, Middle Initial) C. Pro Lists				
Mailing Address 8341 Beachcraft Avenue				
City Gaithersburg State MD Zip Code 20879-			Amount of Each Disbursement this Period 2490.31 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement LIST ACQUISITION		Category/ Type		
Candidate Name				
Office Sought:	House Senate President			
State:	District:			

SUBTOTAL of Disbursements This Page (optional)

6460.31

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial)
Professional Data Services, Inc.

Mailing Address 337 South Milledge Ave.
Ste. 204

City Athens State GA Zip Code 30605-

Purpose of Disbursement
COMPUTER SERVICES

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1223
Date of Disbursement

M M / D D / Y Y Y Y
1 1 / 0 5 / 2 0 0 4

Amount of Each Disbursement this Period

1500.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

COMPUTER SERVICES

B. Full Name (Last, First, Middle Initial)
Regular Democratic Organization

Mailing Address P.O. Box 13671

City New Orleans State LA Zip Code 70185-

Purpose of Disbursement
PRINTING

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1121
Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 4

Amount of Each Disbursement this Period

2500.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

PRINTING

C. Full Name (Last, First, Middle Initial)
Margie Richardson

Mailing Address 2 Blueberry Court

City Marrero State LA Zip Code 70072-

Purpose of Disbursement
EVENT EXPENSE

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1110
Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 4

Amount of Each Disbursement this Period

3150.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

EVENT EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶

7150.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial)
Jonathan Ringo

Mailing Address 1309 Carrolton Ave. #125

City State Zip Code
Metairie LA 70005-

Purpose of Disbursement
SALARY

Candidate Name

Category/
Type

Office Sought:	House Senate President	Disbursement For:	Primary General Other (specify) ▼
State:	District:		

Transaction ID: E1254
Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 4

Amount of Each Disbursement this Period

1001.37

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SALARY

B. Full Name (Last, First, Middle Initial)
Jonathan Ringo

Mailing Address 1309 Carrolton Ave. #125

City State Zip Code
Metairie LA 70005-

Purpose of Disbursement
REIMBURSEMENT FOR PHONE

Candidate Name

Category/
Type

Office Sought:	House Senate President	Disbursement For:	Primary General Other (specify) ▼
State:	District:		

Transaction ID: E1189
Date of Disbursement

M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 4

Amount of Each Disbursement this Period

234.70

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

REIMBURSEMENT FOR PHONE

C. Full Name (Last, First, Middle Initial)
Jonathan Ringo

Mailing Address 1309 Carrolton Ave. #125

City State Zip Code
Metairie LA 70005-

Purpose of Disbursement
ELECTION BONUS

Candidate Name

Category/
Type

Office Sought:	House Senate President	Disbursement For:	Primary General Other (specify) ▼
State:	District:		

Transaction ID: E1206
Date of Disbursement

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

Amount of Each Disbursement this Period

5000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

ELECTION BONUS

SUBTOTAL of Disbursements This Page (optional) ▶

6236.07

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="checked" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial)
Sarah Roy

Mailing Address 920 S. Carrollton Ave.
Apt. C

City State Zip Code
New Orleans LA 70118-

Purpose of Disbursement
REIMBURSEMENT FOR TRAVEL

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1112
Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 4

Amount of Each Disbursement this Period

12.77

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

REIMBURSEMENT FOR TRAVEL

B. Full Name (Last, First, Middle Initial)
Sarah Roy

Mailing Address 920 S. Carrollton Ave.
Apt. C

City State Zip Code
New Orleans LA 70118-

Purpose of Disbursement
SALARY

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1255
Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 4

Amount of Each Disbursement this Period

481.10

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SALARY

C. Full Name (Last, First, Middle Initial)
Sarah Roy

Mailing Address 920 S. Carrollton Ave.
Apt. C

City State Zip Code
New Orleans LA 70118-

Purpose of Disbursement
ELECTION BONUS

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1205
Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

ELECTION BONUS

SUBTOTAL of Disbursements This Page (optional) ▶

1493.87

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial)
Sarah Roy

Mailing Address 920 S. Carrollton Ave.
Apt. C

City State Zip Code
New Orleans LA 70118-

Purpose of Disbursement
REIMBURSEMENT FOR TRAVEL

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1215
Date of Disbursement

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

Amount of Each Disbursement this Period

40.70

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

REIMBURSEMENT FOR TRAVEL

B. Full Name (Last, First, Middle Initial)
Sav-A-Center

Mailing Address 2900 Veterans Blvd.

City State Zip Code
Metairie LA 70002-

Purpose of Disbursement
VOLUNTEER EXPENSE

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1307
Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 0 4

Amount of Each Disbursement this Period

42.51

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

VOLUNTEER EXPENSE

C. Full Name (Last, First, Middle Initial)
Sav-A-Center

Mailing Address 2900 Veterans Blvd.

City State Zip Code
Metairie LA 70002-

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1082
Date of Disbursement

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

Amount of Each Disbursement this Period

9.29

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional) ▶

92.50

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

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

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Bobby Jindal

Full Name (Last, First, Middle Initial)

A. Sav-A-Center

Mailing Address 2900 Veterans Blvd.

City State Zip Code
Metairie LA 70002-Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
TypeOffice Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1140

Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 4

Amount of Each Disbursement this Period

20.15

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

OFFICE SUPPLIES

Full Name (Last, First, Middle Initial)

B. Sav-A-Center

Mailing Address 2900 Veterans Blvd.

City State Zip Code
Metairie LA 70002-Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
TypeOffice Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1334

Date of Disbursement

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

Amount of Each Disbursement this Period

30.81

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

OFFICE SUPPLIES

Full Name (Last, First, Middle Initial)

C. Bryan Stewart

Mailing Address Rt. 1, Box 364

City State Zip Code
Buffalo WV 25033-Purpose of Disbursement
INTERN FEES

Candidate Name

Category/
TypeOffice Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1031

Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 4

Amount of Each Disbursement this Period

165.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

INTERN FEES

SUBTOTAL of Disbursements This Page (optional) ▶

215.96

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial) Bryan Stewart			Transaction ID: E1173 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 4	
Mailing Address Rt. 1, Box 364			Amount of Each Disbursement this Period 96.61 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 REIMBURSEMENT FOR TRAVEL	
City Buffalo State WV Zip Code 25033-				
Purpose of Disbursement REIMBURSEMENT FOR TRAVEL				
Candidate Name				
Office Sought: House Senate President State: District:		Disbursement For: Primary General Other (specify) ▼		Amount of Each Disbursement this Period 200.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CELLULAR PHONE
B. Full Name (Last, First, Middle Initial) T Mobile				
Mailing Address 1401 West Esplanade Avenue Space 5527				
City Kenner State LA Zip Code 70065-				
Purpose of Disbursement CELLULAR PHONE		Candidate Name		Amount of Each Disbursement this Period 2500.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 DONATION
Office Sought: House Senate President State: District:		Disbursement For: Primary General Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) Teenpact Scholarship Fund				
Mailing Address 49 Washington Street				
City Jefferson State GA Zip Code 30549-		Candidate Name		Amount of Each Disbursement this Period 2500.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 DONATION
Office Sought: House Senate President State: District:		Disbursement For: Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ►

2796.61

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial)
Mr. Timothy Teepell

Mailing Address 17957 Silver Creek Court

City State Zip Code
Baton Rouge LA 70810-

Purpose of Disbursement
REIMBURSEMENT FOR TRAVEL

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1258
Date of Disbursement

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

Amount of Each Disbursement this Period

82.42

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

REIMBURSEMENT FOR TRAVEL

B. Full Name (Last, First, Middle Initial)
Mr. Timothy Teepell

Mailing Address 17957 Silver Creek Court

City State Zip Code
Baton Rouge LA 70810-

Purpose of Disbursement
REIMBURSEMENT FOR TRAVEL

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1259
Date of Disbursement

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

Amount of Each Disbursement this Period

127.24

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

REIMBURSEMENT FOR TRAVEL

C. Full Name (Last, First, Middle Initial)
Mr. Timothy Teepell

Mailing Address 17957 Silver Creek Court

City State Zip Code
Baton Rouge LA 70810-

Purpose of Disbursement
SEE BELOW

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1088
Date of Disbursement

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

Amount of Each Disbursement this Period

195.25

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SEE BELOW

SUBTOTAL of Disbursements This Page (optional) ▶

404.91

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

Full Name (Last, First, Middle Initial)
A. T Mobile

Mailing Address 1401 West Esplanade Avenue
Space 5527

City Kenner State LA Zip Code 70065-

Purpose of Disbursement
CELLULAR PHONE

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General
Other (specify) ▼

Transaction ID: E1089
Date of Disbursement

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

Amount of Each Disbursement this Period

195.25

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: CELLULAR PHONE

Full Name (Last, First, Middle Initial)
B. Mr. Timothy Teepell

Mailing Address 17957 Silver Creek Court

City Baton Rouge State LA Zip Code 70810-

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General
Other (specify) ▼

Transaction ID: E1256
Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 4

Amount of Each Disbursement this Period

3308.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SALARY

Full Name (Last, First, Middle Initial)
C. Mr. Timothy Teepell

Mailing Address 17957 Silver Creek Court

City Baton Rouge State LA Zip Code 70810-

Purpose of Disbursement
ELECTION BONUS

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General
Other (specify) ▼

Transaction ID: E1209
Date of Disbursement

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

Amount of Each Disbursement this Period

20000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

ELECTION BONUS

SUBTOTAL of Disbursements This Page (optional) ▶

23308.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

A. Mr. Timothy Teepell			Full Name (Last, First, Middle Initial)		Transaction ID: E1274	
Mailing Address 17957 Silver Creek Court			City State Zip Code Baton Rouge LA 70810-		Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 1 / 2 0 0 4	
Purpose of Disbursement REIMBURSEMENT FOR CELL PHONE			Candidate Name		Amount of Each Disbursement this Period 192.55	
Office Sought: House Senate President State: District:			Disbursement For: Primary General Other (specify) ▼		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
			Category/ Type		REIMBURSEMENT FOR CELL PH- ONE	
B. The Anderson Group			Full Name (Last, First, Middle Initial)		Transaction ID: E1211	
Mailing Address 3405 Atwater Court			City State Zip Code Bowie MD 20716-		Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 4	
Purpose of Disbursement POLITICAL CONSULTING			Candidate Name		Amount of Each Disbursement this Period 50000.00	
Office Sought: House Senate President State: District:			Disbursement For: Primary General Other (specify) ▼		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
			Category/ Type		POLITICAL CONSULTING	
C. The Wyndham Hotel			Full Name (Last, First, Middle Initial)		Transaction ID: E1107	
Mailing Address 6900 Westbank Expwy., Ste. H			City State Zip Code Marrero LA 70072-		Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 4	
Purpose of Disbursement EVENT EXPENSE			Candidate Name		Amount of Each Disbursement this Period 5732.91	
Office Sought: House Senate President State: District:			Disbursement For: Primary General Other (specify) ▼		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
			Category/ Type		EVENT EXPENSE	

SUBTOTAL of Disbursements This Page (optional) ►

55925.46

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

Full Name (Last, First, Middle Initial)

A. United Airlines

Mailing Address New Orleans Intl Airport

City State Zip Code
New Orleans LA 70113-

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1348

Date of Disbursement

M M / D D / Y Y Y Y
1 1 / 0 8 / 2 0 0 4

Amount of Each Disbursement this Period

336.70

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

TRAVEL

Full Name (Last, First, Middle Initial)

B. United Airlines

Mailing Address New Orleans Intl Airport

City State Zip Code
New Orleans LA 70113-

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1349

Date of Disbursement

M M / D D / Y Y Y Y
1 1 / 0 8 / 2 0 0 4

Amount of Each Disbursement this Period

336.70

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

TRAVEL

Full Name (Last, First, Middle Initial)

C. United Airlines

Mailing Address New Orleans Intl Airport

City State Zip Code
New Orleans LA 70113-

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1365

Date of Disbursement

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

Amount of Each Disbursement this Period

105.60

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

TRAVEL

SUBTOTAL of Disbursements This Page (optional) ▶

779.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

Full Name (Last, First, Middle Initial)
A. United Airlines

Mailing Address New Orleans Intl Airport

City State Zip Code
New Orleans LA 70113-

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1366
Date of Disbursement

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

Amount of Each Disbursement this Period

105.60

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

TRAVEL

Full Name (Last, First, Middle Initial)
B. US Post Office

Mailing Address 3301 17th Street

City State Zip Code
Metairie LA 70002-

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1283
Date of Disbursement

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

Amount of Each Disbursement this Period

598.06

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

POSTAGE

Full Name (Last, First, Middle Initial)
C. US Post Office

Mailing Address 3301 17th Street

City State Zip Code
Metairie LA 70002-

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1287
Date of Disbursement

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

Amount of Each Disbursement this Period

230.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

POSTAGE

SUBTOTAL of Disbursements This Page (optional) ►

933.66

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Bobby Jindal

Full Name (Last, First, Middle Initial)

A. US Post Office

Mailing Address 3301 17th Street

City State Zip Code
Metairie LA 70002-

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1025

Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 4

Amount of Each Disbursement this Period

1965.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

POSTAGE

Full Name (Last, First, Middle Initial)

B. US Post Office

Mailing Address 3301 17th Street

City State Zip Code
Metairie LA 70002-

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1234

Date of Disbursement

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

Amount of Each Disbursement this Period

3036.65

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

POSTAGE

Full Name (Last, First, Middle Initial)

C. US Post Office

Mailing Address 3301 17th Street

City State Zip Code
Metairie LA 70002-

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1084

Date of Disbursement

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

Amount of Each Disbursement this Period

1110.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

POSTAGE

SUBTOTAL of Disbursements This Page (optional) ▶

6111.65

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="checked" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

Full Name (Last, First, Middle Initial)
A. US Post Office

Mailing Address 3301 17th Street

City State Zip Code
Metairie LA 70002-

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1106
Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 4

Amount of Each Disbursement this Period

2688.81

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

POSTAGE

Full Name (Last, First, Middle Initial)
B. US Post Office

Mailing Address 3301 17th Street

City State Zip Code
Metairie LA 70002-

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1117
Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 4

Amount of Each Disbursement this Period

570.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

POSTAGE

Full Name (Last, First, Middle Initial)
C. US Post Office

Mailing Address 3301 17th Street

City State Zip Code
Metairie LA 70002-

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1118
Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 4

Amount of Each Disbursement this Period

1258.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

POSTAGE

SUBTOTAL of Disbursements This Page (optional) ▶

4516.81

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="checked" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

Full Name (Last, First, Middle Initial)
A. US Post Office

Mailing Address 3301 17th Street

City State Zip Code
Metairie LA 70002-

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1119
Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 4

Amount of Each Disbursement this Period

1144.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

POSTAGE

Full Name (Last, First, Middle Initial)
B. US Post Office

Mailing Address 3301 17th Street

City State Zip Code
Metairie LA 70002-

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1137
Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 4

Amount of Each Disbursement this Period

60.65

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

POSTAGE

Full Name (Last, First, Middle Initial)
C. Villeres Florist

Mailing Address 1107 Veterans Blvd.

City State Zip Code
Metairie LA 70005-

Purpose of Disbursement
FLOWERS

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1086
Date of Disbursement

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

Amount of Each Disbursement this Period

79.80

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

FLOWERS

SUBTOTAL of Disbursements This Page (optional) ▶

1284.45

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

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

Full Name (Last, First, Middle Initial)
A. Villeres Florist

Mailing Address 1107 Veterans Blvd.

City Metairie State LA Zip Code 70005-

Purpose of Disbursement
FLOWERS

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Transaction ID: E1310
Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 4

Amount of Each Disbursement this Period

79.64

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

FLOWERS

Full Name (Last, First, Middle Initial)
B. Villeres Florist

Mailing Address 1107 Veterans Blvd.

City Metairie State LA Zip Code 70005-

Purpose of Disbursement
FLOWERS

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Transaction ID: E1165
Date of Disbursement

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

Amount of Each Disbursement this Period

90.51

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

FLOWERS

Full Name (Last, First, Middle Initial)
C. Villeres Florist

Mailing Address 1107 Veterans Blvd.

City Metairie State LA Zip Code 70005-

Purpose of Disbursement
FLOWERS

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Transaction ID: E1351
Date of Disbursement

M M / D D / Y Y Y Y
1 1 / 0 8 / 2 0 0 4

Amount of Each Disbursement this Period

90.51

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

FLOWERS

SUBTOTAL of Disbursements This Page (optional) ▶

260.66

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

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

Full Name (Last, First, Middle Initial)

A. Whitney National Bank

Mailing Address 3060 N. Causeway Blvd.

City Metairie State LA Zip Code 70001-

Purpose of Disbursement
BANK FEES

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Transaction ID: E1318

Date of Disbursement

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

Amount of Each Disbursement this Period

7.10

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

BANK FEES

Full Name (Last, First, Middle Initial)

B. Whitney National Bank

Mailing Address 3060 N. Causeway Blvd.

City Metairie State LA Zip Code 70001-

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Transaction ID: E1232

Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 4

Amount of Each Disbursement this Period

2762.86

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

PAYROLL TAXES

Full Name (Last, First, Middle Initial)

C. Whitney National Bank

Mailing Address 3060 N. Causeway Blvd.

City Metairie State LA Zip Code 70001-

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Transaction ID: E1281

Date of Disbursement

M M / D D / Y Y Y Y
1 1 / 0 8 / 2 0 0 4

Amount of Each Disbursement this Period

7802.31

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

PAYROLL TAXES

SUBTOTAL of Disbursements This Page (optional) ▶

10572.27

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

Full Name (Last, First, Middle Initial)
A. Whitney National Bank

Mailing Address 3060 N. Causeway Blvd.

City State Zip Code
Metairie LA 70001-

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1331
Date of Disbursement

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 4

Amount of Each Disbursement this Period

2108.38

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

PAYROLL TAXES

Full Name (Last, First, Middle Initial)
B. Wingate Inn

Mailing Address 1501 Veterans Blvd.

City State Zip Code
Kenner LA 70062-

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1269
Date of Disbursement

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

Amount of Each Disbursement this Period

11704.49

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

TRAVEL

Full Name (Last, First, Middle Initial)
C. WSTY TV

Mailing Address 1200 Derek Street

City State Zip Code
Hammond LA 70403-

Purpose of Disbursement
MEDIA

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1130
Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 4

Amount of Each Disbursement this Period

5000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

MEDIA

SUBTOTAL of Disbursements This Page (optional) ▶

18812.87

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

Full Name (Last, First, Middle Initial)

A. Wyndham Hotels

Mailing Address 42 W. 58th Street

City State Zip Code
New York NY 10019-

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1340

Date of Disbursement

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

Amount of Each Disbursement this Period

168.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

TRAVEL EXPENSE

Full Name (Last, First, Middle Initial)

B. Wyndham Hotels

Mailing Address 42 W. 58th Street

City State Zip Code
New York NY 10019-

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1341

Date of Disbursement

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

Amount of Each Disbursement this Period

122.90

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

TRAVEL EXPENSE

Full Name (Last, First, Middle Initial)

C. Wyndham Hotels

Mailing Address 42 W. 58th Street

City State Zip Code
New York NY 10019-

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1342

Date of Disbursement

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

Amount of Each Disbursement this Period

122.90

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

TRAVEL EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶

413.80

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

Full Name (Last, First, Middle Initial)
A. Wyndham Hotels

Mailing Address 42 W. 58th Street

City State Zip Code
New York NY 10019-

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1343
Date of Disbursement

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

Amount of Each Disbursement this Period

122.90

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

TRAVEL EXPENSE

Full Name (Last, First, Middle Initial)
B. Wyndham Hotels

Mailing Address 42 W. 58th Street

City State Zip Code
New York NY 10019-

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1347
Date of Disbursement

M M / D D / Y Y Y Y
1 1 / 0 5 / 2 0 0 4

Amount of Each Disbursement this Period

3.50

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

TRAVEL EXPENSE

Full Name (Last, First, Middle Initial)
C. Wyndham Hotels

Mailing Address 42 W. 58th Street

City State Zip Code
New York NY 10019-

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Category/
Type

Office Sought: House Senate Disbursement For: Primary General
President
State: District: Other (specify) ▼

Transaction ID: E1364
Date of Disbursement

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

Amount of Each Disbursement this Period

122.90

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

TRAVEL EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶

249.30

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

293562.82

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input checked="" type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial)
Bob Beauprez for Congress

Mailing Address 3994 Youngfield Street

City State Zip Code
Wheat Ridge CO 80033-

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District: Disbursement For: 2004 Primary X General
Other (specify) ▼

Transaction ID: E1073
Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 4

Amount of Each Disbursement this Period

358.46

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ►

358.46

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

358.46

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial)
Rodney Alexander for Congress

Mailing Address P.O. Box 367

City State Zip Code
Quitman LA 71268-

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District: Disbursement For: 2004
Primary X General
Other (specify) ▼

Transaction ID: E1111
Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 4

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

In-Kind: Contribution

B. Full Name (Last, First, Middle Initial)
Roy Ashburn for Congress

Mailing Address 4130 California Ave.

City State Zip Code
Bakersfield CA 93309-

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District: Disbursement For: 2004
Primary X General
Other (specify) ▼

Transaction ID: E1135
Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Boustany for Congress

Mailing Address 2936 Johnston Street

City State Zip Code
Lafayette LA 70503-

Purpose of Disbursement

Candidate Name
CHARLESWJR BOUSTANY

Category/
Type

Office Sought: X House Senate President
State: LA District: 07 Disbursement For: 2004
Primary X General
Other (specify) ▼

Transaction ID: E1477
Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial)
Michael Fitzpatrick for Congress

Mailing Address P.O. Box 1772

City Doylestown State PA Zip Code 18901-

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District: Disbursement For: 2004 Primary X General Other (specify) ▼

Transaction ID: E1093
Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

In-Kind: Contribution

B. Full Name (Last, First, Middle Initial)
Randy Kuhl for Congress

Mailing Address 10 Ganesvoort Street

City Bath State NY Zip Code 14810-

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District: Disbursement For: 2004 Primary X General Other (specify) ▼

Transaction ID: E1120
Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 4

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Dan Lungren

Mailing Address P.O. Box 3006

City Rancho Cordova State CA Zip Code 95741-

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District: Disbursement For: 2004 Primary X General Other (specify) ▼

Transaction ID: E1122
Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 4

Amount of Each Disbursement this Period

1000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

In-Kind: Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

Full Name (Last, First, Middle Initial)
A. Republican Party of LA

Mailing Address 11440 North Lake Sherwood, Ste. A

City State Zip Code
Baton Rouge LA 70816-

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District: Disbursement For: 2004 Primary X General Other (specify) ▼

Transaction ID: E1080
Date of Disbursement

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

Amount of Each Disbursement this Period

10000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)
B. Tauzin for Congress

Mailing Address P.O. Box 647

City State Zip Code
Thibodaux LA 70302-

Purpose of Disbursement

Candidate Name
WILBERTJIII TAUZIN

Category/
Type

Office Sought: X House Senate President
State: LA District: 03 Disbursement For: 2004 Primary X General Other (specify) ▼

Transaction ID: E1476
Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)
C. Stan Thompson for Congress

Mailing Address P.O. Box 93932

City State Zip Code
Des Moines IA 50393-

Purpose of Disbursement
CONTRIBUTION

Candidate Name
STANLEYJ THOMPSON

Category/
Type

Office Sought: X House Senate President
State: IA District: 03 Disbursement For: 2004 Primary X General Other (specify) ▼

Transaction ID: E1134
Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 4

Amount of Each Disbursement this Period

500.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

11500.00

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

19500.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial)
Brad Adams

Mailing Address 228 St. Charles Ave. S-814

City State Zip Code
New Orleans LA 70130-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: House Senate Disbursement For: 2004
President X Other (specify) ▼
State: District: Runoff

Transaction ID: E1402
Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Avinash Ahuja

Mailing Address 6217 Lost Creek Dr.

City State Zip Code
Corpus Christi TX 78413-2916

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: House Senate Disbursement For: 2004
President X Other (specify) ▼
State: District: Runoff

Transaction ID: E1397
Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Peggy Ahuja

Mailing Address 6217 Lost Creek Dr.

City State Zip Code
Corpus Christi TX 78413-2916

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: House Senate Disbursement For: 2004
President X Other (specify) ▼
State: District: Runoff

Transaction ID: E1396
Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial)
Peshori Ahuja

Mailing Address 7401 Lake Neuchatel

City State Zip Code
Corpus Christi TX 78413-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: House Senate Disbursement For: 2004
President X Other (specify) ▼
State: District: Runoff

Transaction ID: E1444
Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Rajan Ahuja

Mailing Address 505 W. 43rd Street

City State Zip Code
Austin TX 78751-4213

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: House Senate Disbursement For: 2004
President X Other (specify) ▼
State: District: Runoff

Transaction ID: E1392
Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Ranika Ahuja

Mailing Address 5432 Howe Street

City State Zip Code
Pittsburgh PA 15232-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: House Senate Disbursement For: 2004
President X Other (specify) ▼
State: District: Runoff

Transaction ID: E1398
Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial)
Samitran Ahuja

Mailing Address 7401 Lake Neuchatel

City State Zip Code
Corpus Christi TX 78413-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: House Senate Disbursement For: 2004
President X Other (specify) ▼
State: District: Runoff

Transaction ID: E1449
Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Ken and Kavelle Bajaj

Mailing Address 10201 Norton Rd.

City State Zip Code
Potomac MD 20854-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: House Senate Disbursement For: 2004
President X Other (specify) ▼
State: District: Runoff

Transaction ID: E1471
Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Tom Benson

Mailing Address 141 Brockenbraugh Ct

City State Zip Code
Metairie LA 70005-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: House Senate Disbursement For: 2004
President X Other (specify) ▼
State: District: Runoff

Transaction ID: E1403
Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial)
Bill Borne

Mailing Address 11100 Mead Road, Suite 300

City State Zip Code
Baton Rouge LA 70816-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: House Senate Disbursement For: 2004
President X Other (specify) ▼
State: District: Runoff

Transaction ID: E1458
Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Ronald Cambre

Mailing Address 9 Lake Forest Drive

City State Zip Code
Covington LA 70433-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: House Senate Disbursement For: 2004
President X Other (specify) ▼
State: District: Runoff

Transaction ID: E1404
Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Paul Candies

Mailing Address P. O. Box 25

City State Zip Code
Des Allemands LA 70030-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: House Senate Disbursement For: 2004
President X Other (specify) ▼
State: District: Runoff

Transaction ID: E1405
Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial)
S. Rao Chalasani

Mailing Address 5425 Brittany Dr.

City State Zip Code
Baton Rouge LA 70808-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: House Senate Disbursement For: 2004
President X Other (specify) ▼
State: District: Runoff

Transaction ID: E1473
Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Laney Chouest

Mailing Address P. O. Box 1067

City State Zip Code
Galliano LA 70354-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: House Senate Disbursement For: 2004
President X Other (specify) ▼
State: District: Runoff

Transaction ID: E1461
Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
James O. Coleman

Mailing Address 321 St. Charles Avenue, 10th Floor

City State Zip Code
New Orleans LA 70130-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: House Senate Disbursement For: 2004
President X Other (specify) ▼
State: District: Runoff

Transaction ID: E1406
Date of Disbursement

M M / D D / Y Y Y Y
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Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial)
John Dane

Mailing Address 19807 Chef Menteur Hwy

City State Zip Code
New Orleans LA 70129-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: House Senate Disbursement For: 2004
President X Other (specify) ▼
State: District: Runoff

Transaction ID: E1407
Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Lev Dawson

Mailing Address 2305 Highway 17

City State Zip Code
Delhi LA 71232-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: House Senate Disbursement For: 2004
President X Other (specify) ▼
State: District: Runoff

Transaction ID: E1408
Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Edward Dease

Mailing Address 73153 Military Rd.

City State Zip Code
Covington LA 70435-6054

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: House Senate Disbursement For: 2004
President X Other (specify) ▼
State: District: Runoff

Transaction ID: E1466
Date of Disbursement

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

Amount of Each Disbursement this Period

660.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

4660.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial)
Edward Diefenthal

Mailing Address 480 Woodvine Avenue

City State Zip Code
Metairie LA 70005-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: House Senate Disbursement For: 2004
President X Other (specify) ▼
State: District: Runoff

Transaction ID: E1409
Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Wayne Elmore

Mailing Address P. O. Drawer 53708

City State Zip Code
Lafayette LA 70505-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: House Senate Disbursement For: 2004
President X Other (specify) ▼
State: District: Runoff

Transaction ID: E1459
Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Ann Freel

Mailing Address 4700 Louisiana Hwy. 22

City State Zip Code
Mandeville LA 70471-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: House Senate Disbursement For: 2004
President X Other (specify) ▼
State: District: Runoff

Transaction ID: E1448
Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 164 / 187

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial) J. F. Freel			Transaction ID: E1456 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 4	
Mailing Address 4700 Louisiana Hwy 22, Ste. 600			Amount of Each Disbursement this Period 2000.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City State Zip Code Mandeville LA 70471-				
Purpose of Disbursement Refund of Contribution		010 Category/ Type		
Candidate Name				
Office Sought:	House Senate President State: District:	Disbursement For: 2004 Primary General X Other (specify) ▼ Runoff		
B. Full Name (Last, First, Middle Initial) Richard Gardner			Transaction ID: E1410 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 4	
Mailing Address 1615 Poydras Street 5th Floor			Amount of Each Disbursement this Period 2000.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City State Zip Code New Orleans LA 70112-				
Purpose of Disbursement Refund of Contribution		010 Category/ Type		
Candidate Name				
Office Sought:	House Senate President State: District:	Disbursement For: 2004 Primary General X Other (specify) ▼ Runoff		
C. Full Name (Last, First, Middle Initial) Donald Garvey			Transaction ID: E1411 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 4	
Mailing Address 111 Veterans Blvd, Ste. 812			Amount of Each Disbursement this Period 2000.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City State Zip Code Metairie LA 70005-				
Purpose of Disbursement Refund of Contribution		010 Category/ Type		
Candidate Name				
Office Sought:	House Senate President State: District:	Disbursement For: 2004 Primary General X Other (specify) ▼ Runoff		

SUBTOTAL of Disbursements This Page (optional) ►

6000.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial)
Lawrence Garvey

Mailing Address 1448 Gardenia Dr.

City State Zip Code
Metairie LA 70003-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: House Senate Disbursement For: 2004
President X Other (specify) ▼
State: District: Runoff

Transaction ID: E1412
Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Michael-John Gaspard

Mailing Address 441 Metairie Road

City State Zip Code
Metairie LA 70005-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: House Senate Disbursement For: 2004
President X Other (specify) ▼
State: District: Runoff

Transaction ID: E1413
Date of Disbursement

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

Amount of Each Disbursement this Period

500.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
John Georges

Mailing Address 701 Edwards Ave

City State Zip Code
New Orleans LA 70123-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: House Senate Disbursement For: 2004
President X Other (specify) ▼
State: District: Runoff

Transaction ID: E1480
Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial)
Juan Gershanik

Mailing Address 1303 Henry Clay Avenue

City State Zip Code
New Orleans LA 70118-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: House Senate Disbursement For: 2004
President X Other (specify) ▼
State: District: Runoff

Transaction ID: E1417
Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Vijay Goradia

Mailing Address 62 West Windward Cove

City State Zip Code
Spring TX 77381-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: House Senate Disbursement For: 2004
President X Other (specify) ▼
State: District: Runoff

Transaction ID: E1447
Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Walter Gray

Mailing Address P. O. Box 6202

City State Zip Code
Metairie LA 70009-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: House Senate Disbursement For: 2004
President X Other (specify) ▼
State: District: Runoff

Transaction ID: E1451
Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ►

6000.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Bobby Jindal

Full Name (Last, First, Middle Initial)

A. Sam Haynes

Mailing Address 18142 Perkins Rd.

City State Zip Code
Baton Rouge LA 70810-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: House Senate Disbursement For: 2004
President X Other (specify) ▼
State: District: Runoff

Transaction ID: E1414

Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. Daniel Heard

Mailing Address P.O. Box 83255

City State Zip Code
Baton Rouge LA 70884-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: House Senate Disbursement For: 2004
President X Other (specify) ▼
State: District: Runoff

Transaction ID: E1415

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. Estate of William G. Helis

Mailing Address 228 St. Charles Ave. Ste. 912

City State Zip Code
New Orleans LA 70130-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: House Senate Disbursement For: 2004
President X Other (specify) ▼
State: District: Runoff

Transaction ID: E1450

Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ►

5000.00

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

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Bobby Jindal

Full Name (Last, First, Middle Initial)

A. Dieter Hugel

Mailing Address 7351 W. Roadway

City State Zip Code
New Orleans LA 70124-Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought:	House	Disbursement For:	2004
	Senate		Primary General
	President	X Other (specify) ▼	
State:	District:	Runoff	

Transaction ID: E1472

Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. Julia Hugel

Mailing Address 7351 W. Roadway Dr.

City State Zip Code
New Orleans LA 70124-Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought:	House	Disbursement For:	2004
	Senate		Primary General
	President	X Other (specify) ▼	
State:	District:	Runoff	

Transaction ID: E1474

Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. Jim Hunter

Mailing Address 5300 Blair Dr.

City State Zip Code
Merairie LA 70003-Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought:	House	Disbursement For:	2004
	Senate		Primary General
	President	X Other (specify) ▼	
State:	District:	Runoff	

Transaction ID: E1418

Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial)
Steve Jordan

Mailing Address P.O. Box 1863

City State Zip Code
Lake Charles LA 70602-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: House Senate Disbursement For: 2004
President X Other (specify) ▼
State: District: Runoff

Transaction ID: E1419
Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Ralph Katz

Mailing Address 5629 Cherlyn Dr.

City State Zip Code
New Orleans LA 70124-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: House Senate Disbursement For: 2004
President X Other (specify) ▼
State: District: Runoff

Transaction ID: E1455
Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Colleen Kotts

Mailing Address 3737 Willowick Dr.

City State Zip Code
Houston TX 77019-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: House Senate Disbursement For: 2004
President X Other (specify) ▼
State: District: Runoff

Transaction ID: E1453
Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 170 / 187

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial)
John Kotts

Mailing Address 3737 Willowick

City Houston State TX Zip Code 77019-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: House Senate President
State: District: Disbursement For: 2004 Primary General
X Other (specify) ▼
Runoff

Transaction ID: E1420
Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Susan Krohn

Mailing Address 138 W. Ruelle

City Mandeville State LA Zip Code 70448-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: House Senate President
State: District: Disbursement For: 2004 Primary General
X Other (specify) ▼
Runoff

Transaction ID: E1442
Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Tracy Krohn

Mailing Address 4744 Post Oak Timbers #37

City Houston State TX Zip Code 77056-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: House Senate President
State: District: Disbursement For: 2004 Primary General
X Other (specify) ▼
Runoff

Transaction ID: E1421
Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

Full Name (Last, First, Middle Initial)
A. Associated Branch Pilots LLC

Mailing Address 3813 N. Causeway Blvd.
Ste. 100

City Metairie State LA Zip Code 70002-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: House Senate Disbursement For: 2004
President X Other (specify) ▼
State: District: Runoff

Transaction ID: E1445
Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)
B. Kevin Langley

Mailing Address 5950 Vicksburg Street

City New Orleans State LA Zip Code 70124-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: House Senate Disbursement For: 2004
President X Other (specify) ▼
State: District: Runoff

Transaction ID: E1422
Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)
C. William Lawton

Mailing Address 641 W. Prien Lake Road

City Lake Charles State LA Zip Code 70601-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: House Senate Disbursement For: 2004
President X Other (specify) ▼
State: District: Runoff

Transaction ID: E1484
Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ►

6000.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial)
Clay Lee

Mailing Address 400 Travis Street Ste. 402

City State Zip Code
Shreveport LA 71101-3110

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: House Senate Disbursement For: 2004
President X Other (specify) ▼
State: District: Runoff

Transaction ID: E1423
Date of Disbursement

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

Amount of Each Disbursement this Period

500.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Thomas Lehrman

Mailing Address One Fawcett Pl., Ste. 130

City State Zip Code
Greenwich CT 06830-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: House Senate Disbursement For: 2004
President X Other (specify) ▼
State: District: Runoff

Transaction ID: E1424
Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Frank Levy

Mailing Address 40 Pelham Ave.

City State Zip Code
Metairie LA 70005-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: House Senate Disbursement For: 2004
President X Other (specify) ▼
State: District: Runoff

Transaction ID: E1425
Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial)
George Massey

Mailing Address 3 Poydras St.

City State Zip Code
New Orleans LA 70130-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: House Senate Disbursement For: 2004
President X Other (specify) ▼
State: District: Runoff

Transaction ID: E1479
Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Thomas McCullough

Mailing Address 26665 Pancho Way

City State Zip Code
Carmel CA 93923-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: House Senate Disbursement For: 2004
President X General
State: District: Other (specify) ▼

Transaction ID: E1092
Date of Disbursement

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

Amount of Each Disbursement this Period

200.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Michael McGuire

Mailing Address 259 Lake Vista Dr.

City State Zip Code
Mandeville LA 70471-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: House Senate Disbursement For: 2004
President X General
State: District: Other (specify) ▼

Transaction ID: E1426
Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

4200.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial)
Frank McNabb

Mailing Address 107 Krumbhaar Circle

City Houma State LA Zip Code 70360-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: House Senate Disbursement For: 2004
President X Other (specify) ▼
State: District: Runoff

Transaction ID: E1482
Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Victor Menezes

Mailing Address 26 Pryer Lane

City Larchmont State NY Zip Code 10538-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: House Senate Disbursement For: 2004
President X Other (specify) ▼
State: District: Runoff

Transaction ID: E1400
Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Dr. Prem Menon

Mailing Address 5217 Flanders Dr.

City Baton Rouge State LA Zip Code 70808-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: House Senate Disbursement For: 2004
President X Other (specify) ▼
State: District: Runoff

Transaction ID: E1427
Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ►

5000.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial)
Robert Merrick

Mailing Address 800 Common Street, Ste. 1000

City State Zip Code
New Orleans LA 70112-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: House Senate Disbursement For: 2004
President X Other (specify) ▼
State: District: Runoff

Transaction ID: E1401
Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
R. E. Miller

Mailing Address P. O. Box 3616

City State Zip Code
Morgan City LA 70381-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: House Senate Disbursement For: 2004
President X Other (specify) ▼
State: District: Runoff

Transaction ID: E1428
Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Gary Mockler

Mailing Address 612 Woodview Court

City State Zip Code
Baton Rouge LA 70810-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: House Senate Disbursement For: 2004
President X Other (specify) ▼
State: District: Runoff

Transaction ID: E1429
Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Bobby Jindal

Full Name (Last, First, Middle Initial)

A. James Moffett, Jr.

Mailing Address 1615 Poydras Street

City State Zip Code
New Orleans LA 70112-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: House Senate Disbursement For: 2004
President X Other (specify) ▼
State: District: Runoff

Transaction ID: E1443

Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. William Monteleone

Mailing Address 214 Royal St.

City State Zip Code
New Orleans LA 70130-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: House Senate Disbursement For: 2004
President X Other (specify) ▼
State: District: Runoff

Transaction ID: E1457

Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. Colin Moran

Mailing Address

City State Zip Code
-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: House Senate Disbursement For: 2004
President X Other (specify) ▼
State: District: Runoff

Transaction ID: E1430

Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ►

6000.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial)
Julie Murphy

Mailing Address 450 Woodvine Ave

City Metairie State LA Zip Code 70005-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: House Senate Disbursement For: 2004
President X Other (specify) ▼
State: District: Runoff

Transaction ID: E1431
Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Ray Oden

Mailing Address 702 Thora Blvd.

City Shreveport State LA Zip Code 71106-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: House Senate Disbursement For: 2004
President X Other (specify) ▼
State: District: Runoff

Transaction ID: E1464
Date of Disbursement

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

Amount of Each Disbursement this Period

1400.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Roy Pickren

Mailing Address 12429 Lake Sherwood South St.

City Baton Rouge State LA Zip Code 70810-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: House Senate Disbursement For: 2004
President X Other (specify) ▼
State: District: Runoff

Transaction ID: E1486
Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

5400.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

Full Name (Last, First, Middle Initial)
A. Michael Polito

Mailing Address 8940 Bluebonnet Road

City State Zip Code
Baton Rouge LA 70810-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: House Senate Disbursement For: 2004
President X Other (specify) ▼
State: District: Runoff

Transaction ID: E1432
Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)
B. Aamek Ponda

Mailing Address 397 Marlborough St.

City State Zip Code
Boston MA 02115-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: House Senate Disbursement For: 2004
President X Other (specify) ▼
State: District: Runoff

Transaction ID: E1433
Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)
C. T. R. Price

Mailing Address P.O. Box 1438

City State Zip Code
Winnfield LA 71483-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: House Senate Disbursement For: 2004
President X Other (specify) ▼
State: District: Runoff

Transaction ID: E1434
Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ►

6000.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial)
Kathy Purvis

Mailing Address 17535 Masters Pointe

City State Zip Code
Baton Rouge LA 70810-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: House Senate Disbursement For: 2004
President X Other (specify) ▼
State: District: Runoff

Transaction ID: E1467
Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Ed Michael Reggie

Mailing Address 1527 Island Green Dr.

City State Zip Code
Miramar Beach FL 32550-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: House Senate Disbursement For: 2004
President X Other (specify) ▼
State: District: Runoff

Transaction ID: E1435
Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
H. Eustis Reily

Mailing Address 150 Broadway #514

City State Zip Code
New Orleans LA 70118-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: House Senate Disbursement For: 2004
President X Other (specify) ▼
State: District: Runoff

Transaction ID: E1393
Date of Disbursement

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

Amount of Each Disbursement this Period

200.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

4200.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial)
David Roberts

Mailing Address 19325 Point O Woods Ct.
17747 Airline Hwy

City State Zip Code
Baton Rouge LA 70810-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: House Senate Disbursement For: 2004
President X Other (specify) ▼
State: District: Runoff

Transaction ID: E1463
Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
William Rucks

Mailing Address 702 W. Bayou Pkwy

City State Zip Code
Lafayette LA 70503-3608

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: House Senate Disbursement For: 2004
President X Other (specify) ▼
State: District: Runoff

Transaction ID: E1436
Date of Disbursement

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

Amount of Each Disbursement this Period

500.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Jack Schneider

Mailing Address 10 East 75th Street

City State Zip Code
New York NY 10021-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: House Senate Disbursement For: 2004
President X Other (specify) ▼
State: District: Runoff

Transaction ID: E1441
Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial)
Louis Schruoff

Mailing Address 6012 Walden Place

City State Zip Code
Mandeville LA 70448-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: House Senate Disbursement For: 2004
President X Other (specify) ▼
State: District: Runoff

Transaction ID: E1485
Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Sudhakar Shenoy

Mailing Address 10855 Patowmack Dr.

City State Zip Code
Great Falls VA 22066-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: House Senate Disbursement For: 2004
President X Other (specify) ▼
State: District: Runoff

Transaction ID: E1437
Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Gregory St. Angelo

Mailing Address 10 Tupelo Trace

City State Zip Code
Mandeville LA 70471-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: House Senate Disbursement For: 2004
President X Other (specify) ▼
State: District: Runoff

Transaction ID: E1438
Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial) Patrick Taylor			Transaction ID: E1454 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 4	
Mailing Address One Lee Circle			Amount of Each Disbursement this Period 2000.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City New Orleans State LA Zip Code 70130-				
Purpose of Disbursement Refund of Contribution		010 Category/ Type		
Candidate Name				
Office Sought:	House Senate President State: District:	Disbursement For: 2004 Primary General X Other (specify) ▼ Runoff		
B. Full Name (Last, First, Middle Initial) Robert Torres			Transaction ID: E1470 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 4	
Mailing Address 800 Lakeshore Blvd.			Amount of Each Disbursement this Period 2000.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Slidell State LA Zip Code 70461-				
Purpose of Disbursement Refund of Contribution		010 Category/ Type		
Candidate Name				
Office Sought:	House Senate President State: District:	Disbursement For: 2004 Primary General X Other (specify) ▼ Runoff		
C. Full Name (Last, First, Middle Initial) James Treuting			Transaction ID: E1399 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 4	
Mailing Address 36 Eagle Trace			Amount of Each Disbursement this Period 1412.60 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Mandeville State LA Zip Code 70471-				
Purpose of Disbursement Refund of Contribution		010 Category/ Type		
Candidate Name				
Office Sought:	House Senate President State: District:	Disbursement For: 2004 Primary General X Other (specify) ▼ Runoff		

SUBTOTAL of Disbursements This Page (optional) ►

5412.60

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial) Bert Turner		Transaction ID: E1468 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 4	
Mailing Address 3 Rue Sorbonne		Amount of Each Disbursement this Period 500.00	
City Baton Rouge State LA Zip Code 70808-		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Refund of Contribution		010 Category/ Type	
Candidate Name			
Office Sought:	House Senate President X Other (specify) ▼	Disbursement For: 2004 Primary General Runoff	
State:	District:		
B. Full Name (Last, First, Middle Initial) John S. Turner		Transaction ID: E1462 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 4	
Mailing Address P. O. Box 5130		Amount of Each Disbursement this Period 2000.00	
City Bossier City State LA Zip Code 71171-		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Refund of Contribution		010 Category/ Type	
Candidate Name			
Office Sought:	House Senate President X Other (specify) ▼	Disbursement For: 2004 Primary General Runoff	
State:	District:		
C. Full Name (Last, First, Middle Initial) Charles Valluzzo		Transaction ID: E1440 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 4	
Mailing Address 2160 Rue Bienvenue		Amount of Each Disbursement this Period 2000.00	
City Baton Rouge State LA Zip Code 70809-		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Refund of Contribution		010 Category/ Type	
Candidate Name			
Office Sought:	House Senate President X Other (specify) ▼	Disbursement For: 2004 Primary General Runoff	
State:	District:		

SUBTOTAL of Disbursements This Page (optional) ►

4500.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial)
Margie Villere

Mailing Address 1443 Eleonore St.

City State Zip Code
New Orleans LA 70115-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: House Senate Disbursement For: 2004
President X Other (specify) ▼
State: District: Runoff

Transaction ID: E1394
Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)

Consuelo Walk

Mailing Address 150 Broadway St. Apt 1112

City State Zip Code
New Orleans LA 70118-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: House Senate Disbursement For: 2004
President X Other (specify) ▼
State: District: Runoff

Transaction ID: E1469
Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)

Frank Walk

Mailing Address 600 Carondelet St.

City State Zip Code
New Orleans LA 70130-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: House Senate Disbursement For: 2004
President X Other (specify) ▼
State: District: Runoff

Transaction ID: E1439
Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial)
Robert Webb, Jr.

Mailing Address P.O. Box 536

City State Zip Code
Reserve LA 70084-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: House Senate Disbursement For: 2004
President X Other (specify) ▼
State: District: Runoff

Transaction ID: E1465
Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
William C. Windham

Mailing Address PO Box 5037

City State Zip Code
Bossier City LA 71171-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: House Senate Disbursement For: 2004
President X Other (specify) ▼
State: District: Runoff

Transaction ID: E1446
Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Robert Yarborough

Mailing Address 18462 West Village Way

City State Zip Code
Baton Rouge LA 70810-8915

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: House Senate Disbursement For: 2004
President X Other (specify) ▼
State: District: Runoff

Transaction ID: E1481
Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

A. Full Name (Last, First, Middle Initial) Laura Zito			Transaction ID: E1475 Date of Disbursement <div style="display: flex; justify-content: space-between; font-size: small;"><div>M M / D D / Y Y Y Y</div><div>1 1 / 2 2 / 2 0 0 4</div></div>	
Mailing Address 732 Rural St.			Amount of Each Disbursement this Period 2000.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City River Ridge State LA Zip Code 70123-				
Purpose of Disbursement Refund of Contribution		010 Category/ Type		
Candidate Name				
Office Sought:	House Senate President	Disbursement For: 2004 Primary General X Other (specify) ▼		
State:	District:	Runoff		

B. Full Name (Last, First, Middle Initial) Sammy Zito			Transaction ID: E1478 Date of Disbursement <div style="display: flex; justify-content: space-between; font-size: small;"><div>M M / D D / Y Y Y Y</div><div>1 1 / 2 2 / 2 0 0 4</div></div>	
Mailing Address P. O. Box 10306			Amount of Each Disbursement this Period 2000.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City New Orleans State LA Zip Code 70181-				
Purpose of Disbursement Refund of Contribution		010 Category/ Type		
Candidate Name				
Office Sought:	House Senate President	Disbursement For: 2004 Primary General X Other (specify) ▼		
State:	District:	Runoff		

SUBTOTAL of Disbursements This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	158872.60

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input checked="" type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bobby Jindal

Full Name (Last, First, Middle Initial)
A. National Beverage Wholesalers Assoc. PAC

Mailing Address 1100 King St. Suite 600

City Alexandria State VA Zip Code 22314-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: House Senate Disbursement For: 2004 Primary General
 State: District: President X Other (specify) ▼
 Runoff

Transaction ID: E1483
Date of Disbursement

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

Amount of Each Disbursement this Period

5000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ► **5000.00**

TOTAL This Period (last page this line number only) ► **5000.00**