

# 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  
BILLY TAUZIN CONGRESSIONAL COMMITTEE, THE

ADDRESS (number and street) P.O. Box 2266  
 Check if different than previously reported. (ACC)  
Houma LA 70361

2. **FEC IDENTIFICATION NUMBER** C00119040  
**CITY** **STATE** **ZIP CODE** **STATE** **DISTRICT**  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)  
LA 03

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:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on [ ] [ ] [ ] in the State of [ ]

5. Covering Period 04 01 2008 through 06 30 2008

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 Clifford Smith  
Signature of Treasurer Electronically Filed by William Clifford Smith Date 07 15 2008

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

BILLY TAUZIN CONGRESSIONAL COMMITTEE, THE

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	0.00	0.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	0.00	0.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	1966.63	15548.56
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	1617.64
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	1966.63	13930.92
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<b>51888.46</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name  
 BILLY TAUZIN CONGRESSIONAL COMMITTEE, THE

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

**I. RECEIPTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

0.00

0.00

(ii) Unitemized.....

0.00

0.00

(iii) TOTAL of contributions

0.00

0.00

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACS).....

0.00

0.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))

0.00

0.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

0.00

1617.64

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

2512.89

3610.30

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

2512.89

5227.94

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	1966.63	15548.56
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	10500.00	49000.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	12466.63	64548.56

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	61842.20
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	2512.89
25. SUBTOTAL (add Line 23 and Line 24).....	64355.09
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	12466.63
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	51888.46

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

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

FOR LINE NUMBER: PAGE 5 / 10  
(check only one)  
 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)  
BILLY TAUZIN CONGRESSIONAL COMMITTEE, THE

**A.**

Full Name (Last, First, Middle Initial)  
Capital One Bank

Mailing Address 203 West Second

City State Zip Code  
Thibodaux LA 70301

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: SA15.4349

Amount of Each Receipt this Period  
84.78

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

758.32

**B.**

Full Name (Last, First, Middle Initial)  
Regions Bank

Mailing Address P.o. Box 30280

City State Zip Code  
New Orleans LA 70190

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: SA15.4350

Amount of Each Receipt this Period  
2428.11

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

4214.96

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2512.89</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>2512.89</b>

# 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)

<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

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)  
BILLY TAUZIN CONGRESSIONAL COMMITTEE, THE

A.	Full Name (Last, First, Middle Initial) Trudy Clement	Transaction ID: SB17.4351 Date of Disbursement 04 / 01 / 2008
	Mailing Address 701 Bayou Lane	Amount of Each Disbursement this Period 500.00
	City Thibodaux State LA Zip Code 70301	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Financial Consultant Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

B.	Full Name (Last, First, Middle Initial) Trudy Clement	Transaction ID: SB17.4352 Date of Disbursement 05 / 01 / 2008
	Mailing Address 701 Bayou Lane	Amount of Each Disbursement this Period 500.00
	City Thibodaux State LA Zip Code 70301	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Financial Consultant Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

C.	Full Name (Last, First, Middle Initial) Trudy Clement	Transaction ID: SB17.4354 Date of Disbursement 06 / 01 / 2008
	Mailing Address 701 Bayou Lane	Amount of Each Disbursement this Period 500.00
	City Thibodaux State LA Zip Code 70301	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Financial Consultant Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1500.00
<b>TOTAL</b> 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)

<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

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)  
BILLY TAUZIN CONGRESSIONAL COMMITTEE, THE

A.

Full Name (Last, First, Middle Initial)  
Federal Express

Mailing Address P.O. Box 1140

City Memphis State TN Zip Code 38101

Purpose of Disbursement  
Mailing

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.4356  
Date of Disbursement

06 / 26 / 2008

Amount of Each Disbursement this Period

40.24

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

B.

Full Name (Last, First, Middle Initial)  
Tiger Drive Storage

Mailing Address 310 Pamela Drive

City Thibodaux State LA Zip Code 70301

Purpose of Disbursement  
Storage for Financial Records

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.4353  
Date of Disbursement

05 / 01 / 2008

Amount of Each Disbursement this Period

375.00

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

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

415.24

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

1915.24

**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)

<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

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)  
BILLY TAUZIN CONGRESSIONAL COMMITTEE, THE

**A.** Full Name (Last, First, Middle Initial)  
CONGRESSMAN JOE BARTON COMMITTEE, THE

Mailing Address P.O. Box 1444

City Ennis State TX Zip Code 75120

Purpose of Disbursement  
Donation

Candidate Name  
CONGRESSMAN JOE BARTON COMMITTEE, THE

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: TX District: 06

Transaction ID: SB21.4363

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

**B.** Full Name (Last, First, Middle Initial)  
DONALD A. MANZULLO FOR CONGRESS

Mailing Address PO Box 7783  
PO Box 7783

City Rockford State IL Zip Code 61126

Purpose of Disbursement  
Donation

Candidate Name  
DONALD A. MANZULLO FOR CONGRESS

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: IL District: 16

Transaction ID: SB21.4374

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

**C.** Full Name (Last, First, Middle Initial)  
ELIZABETH DOLE COMMITTEE INC

Mailing Address PO BOX 2918

City RALEIGH State NC Zip Code 27602

Purpose of Disbursement  
Donation

Candidate Name  
ELIZABETH DOLE COMMITTEE INC

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: NC District: 00

Transaction ID: SB21.4357

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

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

**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)

<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

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)  
BILLY TAUZIN CONGRESSIONAL COMMITTEE, THE

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) FRIENDS OF ROY BLUNT</p> <p>Mailing Address PO Box 50100 PO Box 50100</p> <p>City Springfield State MO Zip Code 65805</p> <p>Purpose of Disbursement Donation</p> <p>Candidate Name FRIENDS OF ROY BLUNT</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MO District: 07</p>	<p>Transaction ID: SB21.4365</p> <p>Date of Disbursement 06 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>011 Category/ Type</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) HEATHER WILSON FOR SENATE</p> <p>Mailing Address PO BOX 14070 P.O. BOX 14070</p> <p>City ALBUQUERQUE State NM Zip Code 87191</p> <p>Purpose of Disbursement Donation</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NM District: 00</p>	<p>Transaction ID: SB21.4361</p> <p>Date of Disbursement 06 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>011 Category/ Type</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Jaimee P Martinez</p> <p>Mailing Address 731 Spacious Sky</p> <p>City San Antonio State TX Zip Code 78258</p> <p>Purpose of Disbursement Donation</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Transaction ID: SB21.4369</p> <p>Date of Disbursement 06 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>011 Category/ Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>

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)

PAGE 10 / 10

<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

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)  
BILLY TAUZIN CONGRESSIONAL COMMITTEE, THE

**A.** Full Name (Last, First, Middle Initial)  
SHEILA JACKSON LEE FOR CONGRESS

Mailing Address 4412 ALMEDA

City HOUSTON State TX Zip Code 77004

Purpose of Disbursement  
Donation

Candidate Name  
SHEILA JACKSON LEE FOR CONGRESS

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: TX District: 18

Transaction ID: SB21.4367

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	7	/	2	0	0	8

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)  
WICKER FOR SENATE

Mailing Address PO BOX 64

City JACKSON State MS Zip Code 39205

Purpose of Disbursement  
Donation

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: MS District: 00

Transaction ID: SB21.4359

Date of Disbursement

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

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) ..... ►

3000.00
---------

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

10500.00
----------