

OCT 17 P 2:33

1. NAME OF COMMITTEE (in full) <b>Chris John For Congress Committee INC</b>		2. FEC IDENTIFICATION NUMBER <b>C00318596</b>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. <b>P.O. Drawer 307</b>		
CITY, STATE and ZIP CODE <b>Crowley, LA 70527</b>	STATE/DISTRICT <b>LA 07</b>	3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

**4. TYPE OF REPORT**

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

This Report Contains Activity For  Primary Election  General Election  Special Election  Runoff Election

**SUMMARY**

5. Covering Period <u>7/1/2000</u> through <u>9/30/2000</u>	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a))	\$71,732.65	\$246,548.20
(b) Total Contribution Refunds (from Line 20(d))	\$0.00	\$2,000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	\$71,732.65	\$244,548.20
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	\$40,722.28	\$104,205.98
(b) Total Offsets to Operating Expenditures (from Line 14)	\$0.00	\$43.48
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	\$40,722.28	\$104,162.48
8. Cash on Hand at Close of Reporting Period (from Line 27)	\$356,699.09	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$0.00	

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

Type or Print Name of Treasurer <b>Kenneth Dugas</b>	Date <b>10/12/2000</b>
Signature of Treasurer 	

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

# DETAILED SUMMARY PAGE

of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (In full) <b>Chris John For Congress Committee INC</b>	C00316596	Report Covering the Period: From: <b>7/1/2000</b>	To: <b>9/30/2000</b>
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I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>			
(a) Individuals/Persons Other Than Political Committees			
(i) Itemized (use Schedule A) .....	\$22,400.00		11(a)(i)
(ii) Unitemized .....	\$6,600.00		11(a)(ii)
(iii) Total of Contributions from Individuals .....	\$29,000.00	\$98,700.40	11(a)(iii)
(b) Political Party Committees .....	\$0.00	\$0.00	11(b)
(c) Other Political Committees (such as PACs) .....	\$42,732.65	\$147,847.80	11(c)
(d) The Candidate .....	\$0.00	\$0.00	11(d)
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(i), (b), (c), and (d)) .....	\$71,732.65	\$246,548.20	11(e)
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEE .....</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>12</b>
<b>13. LOANS:</b>			
(a) Made or Guaranteed by the Candidate .....	\$0.00	\$0.00	13(a)
(b) All Other Loans .....	\$0.00	\$0.00	13(b)
(c) TOTAL LOANS (add 13(a) and (b)) .....	\$0.00	\$0.00	13(c)
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	<b>\$0.00</b>	<b>\$43.48</b>	<b>14</b>
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>15</b>
<b>16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14, and 15) .....</b>	<b>\$71,732.65</b>	<b>\$246,591.68</b>	<b>16</b>
<b>II. DISBURSEMENTS</b>			
<b>17. OPERATING EXPENDITURES .....</b>	<b>\$40,723.28</b>	<b>\$104,205.96</b>	<b>17</b>
<b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>18</b>
<b>19. LOAN REPAYMENTS:</b>			
(a) Of Loans Made or Guaranteed by the Candidate .....	\$0.00	\$0.00	19(a)
(b) Of All Other Loans .....	\$0.00	\$0.00	19(b)
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b)) .....	\$0.00	\$0.00	19(c)
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>			
(a) Individuals/Persons Other Than Political Committees .....	\$0.00	\$1,500.00	20(a)
(b) Political Party Committees .....	\$0.00	\$0.00	20(b)
(c) Other Political Committees (such as PACs) .....	\$0.00	\$500.00	20(c)
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b), and (c)) .....	\$0.00	\$2,000.00	20(d)
<b>21. OTHER DISBURSEMENTS .....</b>	<b>\$33,464.00</b>	<b>\$49,567.46</b>	<b>21</b>
<b>22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d), and 21) .....</b>	<b>\$74,186.28</b>	<b>\$155,773.42</b>	<b>22</b>
<b>III. CASH SUMMARY</b>			
<b>23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD .....</b>		<b>\$359,152.72</b>	<b>23</b>
<b>24. TOTAL RECEIPTS THIS PERIOD (from Line 16) .....</b>		<b>\$71,732.65</b>	<b>24</b>
<b>25. SUBTOTAL (add Line 23 and Line 24) .....</b>		<b>\$430,885.37</b>	<b>25</b>
<b>26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) .....</b>		<b>\$74,186.28</b>	<b>26</b>
<b>27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) .....</b>		<b>\$356,699.09</b>	<b>27</b>

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedules for each category of this Detailed Summary Page

**Contributions from Individuals**

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) **Chris John For Congress Committee INC** **C00316596**

<p><b>A. Full Name, Mailing Address and ZIP Code</b>  <b>Baque, Odon L., Jr.</b>                  2014 W Pinhook Road Suite 501                  Lafayette LA 70508</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer                  Mass Mutual Life</p> <p>Occupation                  Insurance Salesman</p> <p>Aggregate Year-to-Date &gt; \$250.00</p>	<p>Date (month, day, year)                  9/26/2000</p>	<p>Amount of Each Receipt this Period                  \$250.00</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b>  <b>Borne, Dan</b>                  5754 Forsythia Ave                  Baton Rouge LA 70808</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer                  Louisiana Chemical Assn.</p> <p>Occupation                  President</p> <p>Aggregate Year-to-Date &gt; \$400.00</p>	<p>Date (month, day, year)                  8/3/2000</p>	<p>Amount of Each Receipt this Period                  \$100.00</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b>  <b>Brouillette, Dan</b>                  2125 Beach Dr.                  Pasadena MD 21122</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer                  Alpine Group</p> <p>Occupation                  Lobbyist</p> <p>Aggregate Year-to-Date &gt; \$250.00</p>	<p>Date (month, day, year)                  9/15/2000</p>	<p>Amount of Each Receipt this Period                  \$250.00</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b>  <b>Broussard, Richard</b>                  900 Plat Sky Ranch                  Youngsville LA 70592</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer                  Self</p> <p>Occupation                  Selfemployed</p> <p>Aggregate Year-to-Date &gt; \$250.00</p>	<p>Date (month, day, year)                  9/26/2000</p>	<p>Amount of Each Receipt this Period                  \$250.00</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b>  <b>Broussard, Toni</b>                  1711 Jacquelyn                  Abbeville LA 70510</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer                  None</p> <p>Occupation                  Housewife</p> <p>Aggregate Year-to-Date &gt; \$1,000.00</p>	<p>Date (month, day, year)                  9/29/2000</p>	<p>Amount of Each Receipt this Period                  \$1,000.00</p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b>  <b>Cooper, Benjamin</b>                  2102 Scroggins Rd                  Alexandria VA 22302</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer                  Association of Oil Pipe Lines</p> <p>Occupation                  Executive Director</p> <p>Aggregate Year-to-Date &gt; \$250.00</p>	<p>Date (month, day, year)                  8/15/2000</p>	<p>Amount of Each Receipt this Period                  \$250.00</p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b>  <b>Denning, Charles</b>                  1209 Hickory Dr.                  Morgan City LA 70380</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer                  North Bank Towing</p> <p>Occupation                  Owner</p> <p>Aggregate Year-to-Date &gt; \$250.00</p>	<p>Date (month, day, year)                  9/29/2000</p>	<p>Amount of Each Receipt this Period                  \$250.00</p>

<p><b>SUBTOTAL</b> of Receipts This Page (optional) .....</p>	<p>\$2,350.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p></p>

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate columns for each category of the Detailed Summary Page

PAGE 2 OF 8

FOR LINE NUMBER

11(a)(1)

**Contributions from Individuals**

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**NAME OF COMMITTEE (in Full)**  
**Chris John For Congress Committee INC** **C00316598**

<p><b>A. Full Name, Mailing Address and ZIP Code</b>  <b>Dore, William A.</b>  <b>P.O. Box 490</b>  <b>Crowley LA 70527</b></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer                  Supreme Rice Mill</p> <p>Occupation                  Executive</p> <p>Aggregate Year-to-Date &gt; \$250.00</p>	<p>Date (month, day, year)                  9/29/2000</p>	<p>Amount of Each Receipt this Period                  \$250.00</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b>  <b>Doyle, John, Jr.</b>  <b>6049 Misty Arch Run</b>  <b>Columbia MD 21044</b></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer                  Cassidy and Associates</p> <p>Occupation                  Vice President</p> <p>Aggregate Year-to-Date &gt; \$300.00</p>	<p>Date (month, day, year)                  8/15/2000</p>	<p>Amount of Each Receipt this Period                  \$300.00</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b>  <b>Dumas, Walter</b>  <b>19221 S Lakeway</b>  <b>Baton Rouge LA 70810</b></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer                  Self Employed</p> <p>Occupation                  Attorney</p> <p>Aggregate Year-to-Date &gt; \$1,000.00</p>	<p>Date (month, day, year)                  9/15/2000</p>	<p>Amount of Each Receipt this Period                  \$1,000.00</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b>  <b>Dupre, Bobby</b>  <b>P.O. Box 1298</b>  <b>Opelousas LA 70570</b></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer                  Dupre Carrier and Goudchaux</p> <p>Occupation                  CEO</p> <p>Aggregate Year-to-Date &gt; \$1,000.00</p>	<p>Date (month, day, year)                  8/30/2000</p>	<p>Amount of Each Receipt this Period                  \$1,000.00</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b>  <b>Dupuis, George</b>  <b>624 E Edward St.</b>  <b>Erath LA 70533</b></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer                  None</p> <p>Occupation                  Retired</p> <p>Aggregate Year-to-Date &gt; \$400.00</p>	<p>Date (month, day, year)                  9/26/2000</p>	<p>Amount of Each Receipt this Period                  \$400.00</p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b>  <b>Fields, Nancy</b>  <b>4119 Earl Drive</b>  <b>Alexandria LA 71303</b></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer                  U.S. Dept. of HUD</p> <p>Occupation                  Community Builder</p> <p>Aggregate Year-to-Date &gt; \$250.00</p>	<p>Date (month, day, year)                  9/26/2000</p>	<p>Amount of Each Receipt this Period                  \$250.00</p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b>  <b>Franques, Leonard</b>  <b>1811 Roper Drive</b>  <b>Scott LA 70583</b></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer                  America's Pizza Co., LLC</p> <p>Occupation                  Partner</p> <p>Aggregate Year-to-Date &gt; \$1,000.00</p>	<p>Date (month, day, year)                  8/15/2000</p>	<p>Amount of Each Receipt this Period                  \$1,000.00</p>

<p>SUBTOTAL of Receipts This Page (optional) .....</p>	<p>\$4,200.00</p>
<p>TOTAL This Period (last page this line number only) .....</p>	<p></p>

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER

11(a)(i)

**Contributions from Individuals**

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NAME OF COMMITTEE (in Full)

**Chris John For Congress Committee INC**

**C00316596**

<p><b>A. Full Name, Mailing Address and ZIP Code</b>                  Gupta, Jagdish                  407 Church Ave                  Kaplan LA 70548</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer                  Eagle Pest Control</p> <p>Occupation                  Owner</p> <p>Aggregate Year-to-Date &gt; \$800.00</p>	<p>Date (month, day, year)                  9/15/2000</p>	<p>Amount of Each Receipt this Period                  \$500.00</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b>                  Gupta, Jagdish                  407 Church Ave                  Kaplan LA 70548</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer                  Eagle Pest Control</p> <p>Occupation                  Owner</p> <p>Aggregate Year-to-Date &gt; \$800.00</p>	<p>Date (month, day, year)                  9/29/2000</p>	<p>Amount of Each Receipt this Period                  \$300.00</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b>                  Held, Kermit, Sr.                  P.O. Box 1272                  Crowley LA 70527</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer                  New York Life</p> <p>Occupation                  Insurance Salesman</p> <p>Aggregate Year-to-Date &gt; \$250.00</p>	<p>Date (month, day, year)                  9/15/2000</p>	<p>Amount of Each Receipt this Period                  \$250.00</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b>                  Herpin, Gordon                  308 N Cushing Ave                  Kaplan LA 70548</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer                  Prescription Shoppe</p> <p>Occupation                  Owner</p> <p>Aggregate Year-to-Date &gt; \$300.00</p>	<p>Date (month, day, year)                  9/29/2000</p>	<p>Amount of Each Receipt this Period                  \$300.00</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b>                  Hodge, Jerry                  320 S Polk St. 500                  Amarillo TX 79101</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer                  Maxor National Pharmacy</p> <p>Occupation                  Owner</p> <p>Aggregate Year-to-Date &gt; \$500.00</p>	<p>Date (month, day, year)                  9/29/2000</p>	<p>Amount of Each Receipt this Period                  \$500.00</p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b>                  Hudson, Nell                  1164 Old Gata Court                  Mc Lean VA 22102</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer                  None</p> <p>Occupation                  Housewife</p> <p>Aggregate Year-to-Date &gt; \$500.00</p>	<p>Date (month, day, year)                  8/15/2000</p>	<p>Amount of Each Receipt this Period                  \$500.00</p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b>                  Jones, J.B.                  3256 Hwy 384                  Bell City LA 70630</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer                  Jones Law Firm</p> <p>Occupation                  Attorney</p> <p>Aggregate Year-to-Date &gt; \$500.00</p>	<p>Date (month, day, year)                  9/15/2000</p>	<p>Amount of Each Receipt this Period                  \$500.00</p>

<p><b>SUBTOTAL</b> of Receipts This Page (optional)</p>	<p>\$2,850.00</p>
<p><b>TOTAL</b> This Period (last page this line number only)</p>	<p></p>

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedules for each category of the Detailed Summary Page

PAGE 4 OF 8

FOR LINE NUMBER

11(a)(i)

**Contributions from Individuals**

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NAME OF COMMITTEE (in Full) **Chris John For Congress Committee INC** C00316596

<p><b>A. Full Name, Mailing Address and ZIP Code</b>  <b>Jones, Theodore</b>  <b>P.O. Box 85122</b>  <b>Baton Rouge LA 70896</b></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer                  Self Employed</p> <p>Occupation                  Attorney</p> <p>Aggregate Year-to-Date &gt; \$500.00</p>	<p>Date (month, day, year)                  9/26/2000</p>	<p>Amount of Each Receipt this Period                  \$500.00</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b>  <b>King, Willie S, Jr.</b>  <b>2428 Cline St</b>  <b>Lake Charles LA 70601</b></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer                  Kings Enterprises</p> <p>Occupation                  President</p> <p>Aggregate Year-to-Date &gt; \$500.00</p>	<p>Date (month, day, year)                  9/29/2000</p>	<p>Amount of Each Receipt this Period                  \$500.00</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b>  <b>Labry, Allen</b>  <b>200 S Main St.</b>  <b>Abbeville LA 70510</b></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$100.00</p>	<p>Date (month, day, year)                  9/26/2000</p>	<p>Amount of Each Receipt this Period                  \$100.00                  MEMO                  Partnership                  Attributed</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b>  <b>Landriau, Phyllis</b>  <b>2400 St. Charles Ave.</b>  <b>New Orleans LA 70130</b></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer                  Tennet Healthcare</p> <p>Occupation                  Healthcare Representati</p> <p>Aggregate Year-to-Date &gt; \$500.00</p>	<p>Date (month, day, year)                  9/26/2000</p>	<p>Amount of Each Receipt this Period                  \$500.00</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b>  <b>Lowery, Sue</b>  <b>2333 Barbe St.</b>  <b>Lake Charles LA 70601</b></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer                  Fairview Mobile Estates</p> <p>Occupation                  Coowner</p> <p>Aggregate Year-to-Date &gt; \$250.00</p>	<p>Date (month, day, year)                  9/26/2000</p>	<p>Amount of Each Receipt this Period                  \$250.00</p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b>  <b>Mandry, Chris</b>  <b>3223 8th Street</b>  <b>Metairie LA 70002</b></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer                  Selfemployed</p> <p>Occupation                  Physician</p> <p>Aggregate Year-to-Date &gt; \$250.00</p>	<p>Date (month, day, year)                  9/29/2000</p>	<p>Amount of Each Receipt this Period                  \$250.00</p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b>  <b>Manuel, Bob</b>  <b>1004 Theophile Rd.</b>  <b>Ville Platte LA 70586</b></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer                  Bobs Electrical Service</p> <p>Occupation                  Owner</p> <p>Aggregate Year-to-Date &gt; \$250.00</p>	<p>Date (month, day, year)                  8/30/2000</p>	<p>Amount of Each Receipt this Period                  \$250.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$2,250.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 5 OF 9

FOR LINE NUMBER

11(a)(i)

**Contributions from Individuals**

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**NAME OF COMMITTEE (In Full)**  
**Chris John For Congress Committee INC** **C00316596**

<b>A. Full Name, Mailing Address and ZIP Code</b> Massie, Camille 501 High Street Alexandria VA 22302 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer None Occupation Housewife Aggregate Year-to-Date > \$250.00	Date (month, day, year) 8/30/2000	Amount of Each Receipt this Period \$250.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Massie, James 501 High Street Alexandria VA 22302 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Alpine Group INC Occupation Government Relation Con Aggregate Year-to-Date > \$250.00	Date (month, day, year) 8/30/2000	Amount of Each Receipt this Period \$250.00
<b>C. Full Name, Mailing Address and ZIP Code</b> McElveen, G A, Jr. 11 Little Drive Lake Charles LA 70605 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer McElveen Insurance Agency Occupation Owner Aggregate Year-to-Date > \$500.00	Date (month, day, year) 9/15/2000	Amount of Each Receipt this Period \$500.00
<b>D. Full Name, Mailing Address and ZIP Code</b> Milam, Charles R. P.O. Box 53787 Lafayette LA 70505 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Peto Drive INC Occupation President Aggregate Year-to-Date > \$250.00	Date (month, day, year) 9/26/2000	Amount of Each Receipt this Period \$250.00
<b>E. Full Name, Mailing Address and ZIP Code</b> O'Brien, Joan P.O. Box 771 Iowa LA 70647 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer O'Brien Flying Service Occupation owner Aggregate Year-to-Date > \$500.00	Date (month, day, year) 9/15/2000	Amount of Each Receipt this Period \$500.00
<b>F. Full Name, Mailing Address and ZIP Code</b> Paggan, Marvin 1320 Laura Street Sulphur LA 70863 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Grace Davison Occupation Plant Manager Aggregate Year-to-Date > \$500.00	Date (month, day, year) 9/15/2000	Amount of Each Receipt this Period \$500.00
<b>G. Full Name, Mailing Address and ZIP Code</b> Partnership, Ochsner Clinic, LLC 1514 Jefferson Hwy New Orleans LA 70121 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Occupation Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 9/26/2000	Amount of Each Receipt this Period \$1,000.00

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

\$3,250.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 6 OF 8

FOR LINE NUMBER

11(a)(i)

**Contributions from Individuals**

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)**  
**Chris John For Congress Committee INC** **C00318596**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<b>Partnership, Smith Investments</b> P.O. Box 80 Bunkie LA 71322 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Aggregate Year-to-Date > \$1,000.00	8/15/2000	\$1,000.00
<b>Polka, Matthew</b> 1002 Taylor St North Versailles PA 15137 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>American Cable Association</b> Occupation President Aggregate Year-to-Date > \$500.00	9/29/2000	\$500.00
<b>Ponco, Scott</b> 1514 Jefferson Hwy. New Orleans LA 70121 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Ochsner Clinic</b> Occupation CEO Aggregate Year-to-Date > \$1,000.00	9/26/2000	\$1,000.00 MEMO Partnership Attributed
<b>Pucheu, Jacques</b> 850 West Ash Eunice LA 70535 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Pucheu Pucheu and Robinson</b> Occupation Attorney Aggregate Year-to-Date > \$350.00	9/29/2000	\$350.00
<b>Roy, James</b> P.O. Box 3888 Lafayette LA 70502 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Self Employed</b> Occupation Attorney Aggregate Year-to-Date > \$250.00	9/26/2000	\$250.00
<b>Sabbagian, Bahman, Dr.</b> 404 N Eastern Crowley LA 70528 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Physician</b> Occupation Self Employed Aggregate Year-to-Date > \$250.00	9/26/2000	\$250.00
<b>Sellers, Phallie</b> 148 B Easy St. Lafayette LA 70506 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>None</b> Occupation Housewife Aggregate Year-to-Date > \$500.00	9/15/2000	\$500.00

<b>SUBTOTAL of Receipts This Page (optional)</b>	\$2,850.00
<b>TOTAL This Period (last page this line number only)</b>	



**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 7 OF 8

FOR LINE NUMBER

11(a)(1)

**Contributions from Individuals**

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**NAME OF COMMITTEE (In Full)**  
**Chris John For Congress Committee INC** **C00316596**

<p><b>A. Full Name, Mailing Address and ZIP Code</b>  <b>Shaw, Rhod</b>  <b>524 Ft. Williams Pkwy.</b>  <b>Alexandria VA 22304</b></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer  <b>Alpine Group</b></p> <p>Occupation  <b>Partner</b></p> <p>Aggregate Year-to-Date &gt; \$500.00</p>	<p>Date (month, day, year)  <b>8/15/2000</b></p>	<p>Amount of Each Receipt this Period  <b>\$250.00</b></p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b>  <b>Simon, Rodney</b>  <b>506 Gln</b>  <b>Erath LA 70533</b></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer  <b>Discount Toy Center</b></p> <p>Occupation  <b>Owner</b></p> <p>Aggregate Year-to-Date &gt; \$500.00</p>	<p>Date (month, day, year)  <b>9/29/2000</b></p>	<p>Amount of Each Receipt this Period  <b>\$500.00</b></p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b>  <b>Smith, David</b>  <b>Rt 1 Box 39</b>  <b>Bunkie LA 71322</b></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer  <b>Self Employed</b></p> <p>Occupation  <b>Grocery Store Owner</b></p> <p>Aggregate Year-to-Date &gt; \$1,000.00</p>	<p>Date (month, day, year)  <b>8/15/2000</b></p>	<p>Amount of Each Receipt this Period  <b>\$1,000.00</b>  <small>MEMO</small>  <b>Smith Investments Partnership</b>  <b>Attributed</b></p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b>  <b>Steele, Todd</b>  <b>P.O. Box 457</b>  <b>Bunkie LA 71322</b></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer  <b>Steele Inc.</b></p> <p>Occupation  <b>Owner</b></p> <p>Aggregate Year-to-Date &gt; \$400.00</p>	<p>Date (month, day, year)  <b>8/30/2000</b></p>	<p>Amount of Each Receipt this Period  <b>\$400.00</b></p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b>  <b>Stolzenhauer, Brent</b>  <b>800 Jefferson St Ste. 705</b>  <b>Lafayette LA 70501</b></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer  <b>America's Pizza Company, LLC</b></p> <p>Occupation  <b>Partner</b></p> <p>Aggregate Year-to-Date &gt; \$1,000.00</p>	<p>Date (month, day, year)  <b>8/30/2000</b></p>	<p>Amount of Each Receipt this Period  <b>\$1,000.00</b></p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b>  <b>Thomas, Bob</b>  <b>1313 Hillcroft</b>  <b>Lake Charles LA 70605</b></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer  <b>Thomas and Hardy</b></p> <p>Occupation  <b>Attorney</b></p> <p>Aggregate Year-to-Date &gt; \$250.00</p>	<p>Date (month, day, year)  <b>9/26/2000</b></p>	<p>Amount of Each Receipt this Period  <b>\$250.00</b></p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b>  <b>Tucker, Robert, Jr.</b>  <b>836 Carondelet St.</b>  <b>New Orleans LA 70130</b></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer  <b>Self Employed</b></p> <p>Occupation  <b>Attorney</b></p> <p>Aggregate Year-to-Date &gt; \$500.00</p>	<p>Date (month, day, year)  <b>9/15/2000</b></p>	<p>Amount of Each Receipt this Period  <b>\$500.00</b></p>

**SUBTOTAL** of Receipts This Page (optional) ..... **\$2,900.00**

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 8 OF 8

FOR LINE NUMBER

11(a)(i)

**Contributions from Individuals**

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)**  
**Chris John For Congress Committee INC** **C00316598**

<p><b>A. Full Name, Mailing Address and ZIP Code</b>                  Voorhies, Gregory                  P.O. Box 52787                  Lafayette LA 70505</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer                  Self Employed</p> <p>Occupation                  Attorney</p> <p>Aggregate Year-to-Date &gt; \$250.00</p>	<p>Date (month, day, year)                  9/15/2000</p>	<p>Amount of Each Receipt this Period                  \$250.00</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b>                  White, Richard                  1541 Foxhall Rd NW                  Washington DC 20007</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer                  Alpine Group</p> <p>Occupation                  Consultant</p> <p>Aggregate Year-to-Date &gt; \$500.00</p>	<p>Date (month, day, year)                  9/15/2000</p>	<p>Amount of Each Receipt this Period                  \$500.00</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b>                  Zeparnick, Richard G., Jr.                  132 Shannon Road                  Lafayette LA 70503</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer                  Ocean Energy</p> <p>Occupation                  Executive Vice Presiden</p> <p>Aggregate Year-to-Date &gt; \$1,000.00</p>	<p>Date (month, day, year)                  9/26/2000</p>	<p>Amount of Each Receipt this Period                  \$1,000.00</p>
<p><b>Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employee</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt;</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employee</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt;</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employee</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt;</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employee</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt;</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

<p><b>SUBTOTAL</b> of Receipts This Page (optional) .....</p>	<p>\$1,750.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p>\$22,400.00</p>

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 9

FOR LINE NUMBER 11(c)

**Contributions from Other Political Committees**

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NAME OF COMMITTEE (In Full) **Chris John For Congress Committee INC** **C00316596**

A. Full Name, Mailing Address and ZIP Code Pac, A and B Fed PAC P.O. Box 3440 Honolulu HI 96801	Name of Employer	Date (month, day, year) 9/29/2000	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation	Aggregate Year-to-Date > \$500.00	
B. Full Name, Mailing Address and ZIP Code Pac, Alabama Farmers Federation P.O. Box 11023 Montgomery AL 36181	Name of Employer	Date (month, day, year) 8/3/2000	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation	Aggregate Year-to-Date > \$500.00	
C. Full Name, Mailing Address and ZIP Code Pac, American Animal Husbandry Federation P.O. Box 56 Sildell TX 76267	Name of Employer	Date (month, day, year) 9/29/2000	Amount of Each Receipt this Period \$300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation	Aggregate Year-to-Date > \$300.00	
D. Full Name, Mailing Address and ZIP Code Pac, American Council of Life Insurance 1001 Pennsylvania Ave C00147066 Washington DC 20004	Name of Employer	Date (month, day, year) 8/21/2000	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation	Aggregate Year-to-Date > \$1,000.00	
E. Full Name, Mailing Address and ZIP Code Pac, <del>A.M.P.A.C.</del> American Motorcyclist P.O. Box 6114 Westerville OH 43081	Name of Employer	Date (month, day, year) 8/3/2000	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation	Aggregate Year-to-Date > \$500.00	
F. Full Name, Mailing Address and ZIP Code Pac, American Veterinary Medical Association 1101 Vermont Ave NW Ste 710 Washington DC 20005	Name of Employer	Date (month, day, year) 8/3/2000	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation	Aggregate Year-to-Date > \$500.00	
G. Full Name, Mailing Address and ZIP Code Pac, Americhem 1300 Wilson Blvd. Arlington VA 22209	Name of Employer	Date (month, day, year) 8/15/2000	Amount of Each Receipt this Period \$682.65
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation	Aggregate Year-to-Date > \$682.65	

SUBTOTAL of Receipts This Page (optional)	\$3,982.65
TOTAL This Period (last page this line number only)	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use additional schedule(s) for each category of this Detailed Summary Page

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FOR LINE NUMBER

11(G)

**Contributions from Other Political Committees**

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NAME OF COMMITTEE (in Full)			
<b>Chris John For Congress Committee INC</b>			<b>C00316596</b>
<b>A. Full Name, Mailing Address and ZIP Code</b> Pac, Asworth Corpac P.O. Box 217 Memphis TN 38101	Name of Employer  Occupation Aggregate Year-to-Date > \$500.00	Date (month, day, year) 8/3/2000	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):			
<b>B. Full Name, Mailing Address and ZIP Code</b> Pac, Aventis Pasteur, Inc. Discovery Dr. Swiftwater PA 18370	Name of Employer  Occupation Aggregate Year-to-Date > \$2,000.00	Date (month, day, year) 8/3/2000	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):			
<b>C. Full Name, Mailing Address and ZIP Code</b> Pac, Boise Cascade Corp. Political Action Fund 1111 W Jefferson St. Boise ID 83728	Name of Employer  Occupation Aggregate Year-to-Date > \$1,500.00	Date (month, day, year) 9/15/2000	Amount of Each Receipt this Period \$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):			
<b>D. Full Name, Mailing Address and ZIP Code</b> Pac, Brooke Holdings Jackson National Life 5901 Executive Dr. Lansing MI 48911	Name of Employer  Occupation Aggregate Year-to-Date > \$500.00	Date (month, day, year) 9/15/2000	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):			
<b>E. Full Name, Mailing Address and ZIP Code</b> Pac, Chevron Employees 575 Market Street RM. 908 San Francisco CA 94105	Name of Employer  Occupation Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 8/3/2000	Amount of Each Receipt this Period \$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):			
<b>F. Full Name, Mailing Address and ZIP Code</b> Pac, Cigar Association of America, Inc. 1707 H St. NW Ste 800 Washington DC 20006	Name of Employer  Occupation Aggregate Year-to-Date > \$500.00	Date (month, day, year) 9/29/2000	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):			
<b>G. Full Name, Mailing Address and ZIP Code</b> Pac, Com General Agents & Managers Association of Mutual of Omaha Plaza Mutual of Omaha Companies Omaha NE 68175	Name of Employer  Occupation Aggregate Year-to-Date > \$500.00	Date (month, day, year) 8/21/2000	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):			

SUBTOTAL of Receipts This Page (optional)	\$4,000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER:

11(c)

**Contributions from Other Political Committees**

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NAME OF COMMITTEE (In Full) **Chris John For Congress Committee INC** **C00316596**

<p><b>A. Full Name, Mailing Address and ZIP Code</b>                  Pac, Council Of Insurance Agents &amp; Brokers                  701 Pennsylvania Ave NW NO.750                  Washington DC 20004</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer                  Occupation</p> <p>Aggregate Year-to-Date &gt; \$500.00</p>	<p>Date (month, day, year)                  8/21/2000</p>	<p>Amount of Each Receipt this Period                  \$500.00</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b>                  Pac, Dynegy                  1000 Louisiana, Suite 5800                  Houston TX 77002</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer                  Occupation</p> <p>Aggregate Year-to-Date &gt; \$500.00</p>	<p>Date (month, day, year)                  8/30/2000</p>	<p>Amount of Each Receipt this Period                  \$500.00</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b>                  Pac, East Eastman Chemical Company                  P.O. Box 511                  Kingsport TN 37662</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer                  Occupation</p> <p>Aggregate Year-to-Date &gt; \$500.00</p>	<p>Date (month, day, year)                  8/21/2000</p>	<p>Amount of Each Receipt this Period                  \$500.00</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b>                  Pac, Employees Of The Dow Chemical Co.                  2030 Dow Center                  Midland MI 48674</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer                  Occupation</p> <p>Aggregate Year-to-Date &gt; \$1,500.00</p>	<p>Date (month, day, year)                  8/3/2000</p>	<p>Amount of Each Receipt this Period                  \$500.00</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b>                  Pac, Employees Of The Dow Chemical Co                  2030 Dow Center                  Midland MI 48674</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer                  Occupation</p> <p>Aggregate Year-to-Date &gt; \$1,500.00</p>	<p>Date (month, day, year)                  9/15/2000</p>	<p>Amount of Each Receipt this Period                  \$500.00</p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b>                  Pac, Fisheries Fisheries Political Action Committee                  1901 N Fort Myers Drive Suite 700                  Arlington VA 22209</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer                  Occupation</p> <p>Aggregate Year-to-Date &gt; \$1,500.00</p>	<p>Date (month, day, year)                  9/26/2000</p>	<p>Amount of Each Receipt this Period                  \$1,000.00</p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b>                  Pac, FMC Corporation Good Government Program                  200 East Randolph Drive                  Chicago IL 60601</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer                  Occupation</p> <p>Aggregate Year-to-Date &gt; \$1,000.00</p>	<p>Date (month, day, year)                  9/15/2000</p>	<p>Amount of Each Receipt this Period                  \$500.00</p>

<p>SUBTOTAL of Receipts This Page (optional) .....</p>	<p style="text-align: right;">\$4,000.00</p>
<p>TOTAL This Period (last page this line number only) .....</p>	<p style="text-align: right;">\$4,000.00</p>

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedules for each category of the Detailed Summary Page

PAGE 4 OF 9

FOR LINE NUMBER 11(c)

**Contributions from Other Political Committees**

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) **Chris John For Congress Committee INC** C00316596

<p><b>A. Full Name, Mailing Address and ZIP Code</b>                  Pac, Food Distributors Voice in Politics                  201 Park Washington Court                  Falls Church VA 22046</p>	<p>Name of Employer                  Committee</p> <p>Occupation</p>	<p>Date (month, day, year)                  9/29/2000</p>	<p>Amount of Each Receipt this Period                  \$500.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Aggregate Year-to-Date &gt; \$500.00</p>		
<p><b>B. Full Name, Mailing Address and ZIP Code</b>                  Pac, Freeport McMora Copper &amp; Gold Citizenship Committee                  50 F Street NW Suite 1050                  Washington DC 20001</p>	<p>Name of Employer                  Copper &amp; Gold Citizenship Committee</p> <p>Occupation</p>	<p>Date (month, day, year)                  8/15/2000</p>	<p>Amount of Each Receipt this Period                  \$1,000.00</p>
<p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Aggregate Year-to-Date &gt; \$1,500.00</p>		
<p><b>C. Full Name, Mailing Address and ZIP Code</b>                  Pac, General Electric Company                  1299 Pennsylvania Ave NW Suite 1100                  Washington DC 20006</p>	<p>Name of Employer                  Company</p> <p>Occupation</p>	<p>Date (month, day, year)                  8/3/2000</p>	<p>Amount of Each Receipt this Period                  \$500.00</p>
<p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Aggregate Year-to-Date &gt; \$1,000.00</p>		
<p><b>D. Full Name, Mailing Address and ZIP Code</b>                  Pac, H And H Federal                  555 17th Street Ste 2900                  Denver CO 80202</p>	<p>Name of Employer</p> <p>Occupation</p>	<p>Date (month, day, year)                  9/29/2000</p>	<p>Amount of Each Receipt this Period                  \$500.00</p>
<p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Aggregate Year-to-Date &gt; \$500.00</p>		
<p><b>E. Full Name, Mailing Address and ZIP Code</b>                  Pac, HI Health Insurance                  555 13th St. NW Ste 500 East                  Washington DC 20004</p>	<p>Name of Employer</p> <p>Occupation</p>	<p>Date (month, day, year)                  9/3/2000</p>	<p>Amount of Each Receipt this Period                  \$500.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Aggregate Year-to-Date &gt; \$500.00</p>		
<p><b>F. Full Name, Mailing Address and ZIP Code</b>                  Pac, Honeywell International (HIPAC)                  1001 Pennsylvania Ave Ste 700                  Washington DC 20004</p>	<p>Name of Employer</p> <p>Occupation</p>	<p>Date (month, day, year)                  8/15/2000</p>	<p>Amount of Each Receipt this Period                  \$500.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Aggregate Year-to-Date &gt; \$500.00</p>		
<p><b>G. Full Name, Mailing Address and ZIP Code</b>                  Pac, Inc Global Operations, Inc.                  2100 Sanders Road Pkwy                  Northbrook IL 60062</p>	<p>Name of Employer</p> <p>Occupation</p>	<p>Date (month, day, year)                  9/29/2000</p>	<p>Amount of Each Receipt this Period                  \$500.00</p>
<p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Aggregate Year-to-Date &gt; \$500.00</p>		

<b>SUBTOTAL</b> of Receipts This Page (optional)	\$4,000.00
<b>TOTAL</b> This Period (last page this line number only)	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 5 OF 8

FOR LINE NUMBER

11(c)

**Contributions from Other Political Committees**

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) **Chris John For Congress Committee INC** **C00316596**

<p><b>A. Full Name, Mailing Address and ZIP Code</b>  <b>Pac, Insurpac</b> Independent Insurance Agents  <b>412 First Street SE Suite 300</b> of America, Inc.  <b>Washington DC 20003</b></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer                  Independent Insurance Agents, Inc.</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$2,000.00</p>	<p>Date (month, day, year)                  8/3/2000</p>	<p>Amount of Each Receipt this Period                  \$500.00</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b>  <b>Pac, Ing Us</b>  <b>P.O. Box 105006</b>  <b>Atlanta GA 30348</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$500.00</p>	<p>Date (month, day, year)                  8/3/2000</p>	<p>Amount of Each Receipt this Period                  \$500.00</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b>  <b>Pac, Kemper Insurance Campaign Fund</b>  <b>1 Kemper Dr.</b>  <b>Long Grove IL 60048</b></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$500.00</p>	<p>Date (month, day, year)                  9/29/2000</p>	<p>Amount of Each Receipt this Period                  \$500.00</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b>  <b>Pac, Lyondell</b>  <b>700 13th Street NW Ste 950</b>  <b>Washington DC 20005</b></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$1,000.00</p>	<p>Date (month, day, year)                  8/3/2000</p>	<p>Amount of Each Receipt this Period                  \$500.00</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b>  <b>Pac, INACS</b> National Association of  <b>1605 King Street</b> Convenience Stores  <b>Alexandria VA 22314</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer                  National Association of</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$3,500.00</p>	<p>Date (month, day, year)                  9/29/2000</p>	<p>Amount of Each Receipt this Period                  \$1,000.00</p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b>  <b>Pac, NAIFA</b> National Association of Insurance  <b>1922 F Street NW</b> &amp; Financial Advisors  <b>Washington DC 20006</b></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer                  National Association of Insurance</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$1,000.00</p>	<p>Date (month, day, year)                  8/15/2000</p>	<p>Amount of Each Receipt this Period                  \$1,000.00</p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b>  <b>Pac, National Franchise Association</b>  <b>P.O. Box 14261</b>  <b>Washington DC 20044</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$1,000.00</p>	<p>Date (month, day, year)                  9/29/2000</p>	<p>Amount of Each Receipt this Period                  \$1,000.00</p>

**SUBTOTAL** of Receipts This Page (optional) ..... \$5,000.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 6 OF 9

FOR LINE NUMBER

11(c)

**Contributions from Other Political Committees**

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NAME OF COMMITTEE (in Full) **Chris John For Congress Committee INC** C00316596

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<b>Pac, National Telephone Co-operative Association</b> 4121 Wilson Blvd 10th Floor Arlington VA 22203		8/30/2000	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Aggregate Year-to-Date > \$500.00		
<b>B. Full Name, Mailing Address and ZIP Code</b> Pac, NBWA National Beer Wholesalers Association 1100 S Washington Street Alexandria VA 22314		8/30/2000	\$750.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Aggregate Year-to-Date > \$4,000.00		
<b>C. Full Name, Mailing Address and ZIP Code</b> Pac, New England Life 1011 Arlington Blvd. Ste. 304 Arlington VA 22209		8/3/2000	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Aggregate Year-to-Date > \$500.00		
<b>D. Full Name, Mailing Address and ZIP Code</b> Pac, NFIB Safe Trust 600 Maryland Ave Washington DC 20024		9/29/2000	\$2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Aggregate Year-to-Date > \$4,500.00		
<b>E. Full Name, Mailing Address and ZIP Code</b> Pac, <b>ENG PAC</b> Employees of Northrop Grumman Corporation 1234 6th St 204 Santa Monica CA 90401		9/15/2000	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Aggregate Year-to-Date > \$500.00		
<b>F. Full Name, Mailing Address and ZIP Code</b> Pac, <b>OXY PAC</b> Occidental Petroleum Corporation 10889 Wilshire Blvd Los Angeles CA 90024		8/3/2000	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Aggregate Year-to-Date > \$1,000.00		
<b>G. Full Name, Mailing Address and ZIP Code</b> Pac, PENNEY 1156 15th Street NW Washington DC 20005		9/15/2000	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Aggregate Year-to-Date > \$1,000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional)	\$5,250.00
<b>TOTAL</b> This Period (last page this line number only)	



**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 7 OF 9

FOR LINE NUMBER

11(c)

**Contributions from Other Political Committees**

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NAME OF COMMITTEE (In Full)			
<b>Chris John For Congress Committee INC</b>		<b>C00316596</b>	
<b>A. Full Name, Mailing Address and ZIP Code</b> Pac, Phelps Dodge Employees Fund for Good Government 2500 N Central Ave Phoenix AZ 85004	Name of Employer Occupation Aggregate Year-to-Date > \$500.00	Date (month, day, year) 8/15/2000	Amount of Each Receipt this Period \$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):			
<b>B. Full Name, Mailing Address and ZIP Code</b> Pac, Praxair, Inc. P.O. Box 2958 Danbury CT 06813	Name of Employer Occupation Aggregate Year-to-Date > \$500.00	Date (month, day, year) 8/3/2000	Amount of Each Receipt this Period \$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):			
<b>C. Full Name, Mailing Address and ZIP Code</b> Pac, Rain And Hail Insurance Society 1501 50th Street Suite 200 West Des Moines IA 50266	Name of Employer Occupation Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 9/29/2000	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):			
<b>D. Full Name, Mailing Address and ZIP Code</b> Pac, Realtors R.P.A.C. 430 N Michigan Avenue Chicago IL 60611	Name of Employer Occupation Aggregate Year-to-Date > \$4,500.00	Date (month, day, year) 9/29/2000	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):			
<b>E. Full Name, Mailing Address and ZIP Code</b> Pac, Realtors R.P.A.C. 430 N Michigan Avenue Chicago IL 60611	Name of Employer Occupation Aggregate Year-to-Date > \$4,500.00	Date (month, day, year) 8/21/2000	Amount of Each Receipt this Period \$3,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):			
<b>F. Full Name, Mailing Address and ZIP Code</b> Pac, Sanaca Resource Corporation 1201 Louisiana Ste 400 Houston TX 77002	Name of Employer Occupation Aggregate Year-to-Date > \$500.00	Date (month, day, year) 8/15/2000	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):			
<b>G. Full Name, Mailing Address and ZIP Code</b> Pac, Southern Company 241 Ralph McGill Blvd Atlanta GA 30308	Name of Employer Occupation Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 8/3/2000	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):			

<b>SUBTOTAL</b> of Receipts This Page (optional)	\$6,500.00
<b>TOTAL</b> This Period (last page this line number only)	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

**Contributions from Other Political Committees**

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NAME OF COMMITTEE (in Full) **Chris John For Congress Committee INC** C00316596

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<b>Pac, Sunbelt Good Good Government</b> Box B Jacksonville FL 32203		9/26/2000	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation	Aggregate Year-to-Date > \$1,000.00	
<b>B. Full Name, Mailing Address and ZIP Code</b> <b>Pac, Swisher</b> 459 E 16th St. Jacksonville FL 32208		9/26/2000	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation	Aggregate Year-to-Date > \$1,500.00	
<b>C. Full Name, Mailing Address and ZIP Code</b> <b>Pac, Taco</b> A Political Association of Taco Bell 6405 Metcalf Ave Suite 503 Franchisees Shawnee Mission KS 66202		9/29/2000	\$2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation	Aggregate Year-to-Date > \$2,000.00	
<b>D. Full Name, Mailing Address and ZIP Code</b> <b>Pac, Texas And Southwestern Cattle Raisers</b> 1301 W. 7th St. Association Fort Worth TX 76102		9/29/2000	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation	Aggregate Year-to-Date > \$1,000.00	
<b>E. Full Name, Mailing Address and ZIP Code</b> <b>Pac, The Hartford Advocates Fund</b> Hartford Plaza Hartford CT 06115		8/3/2000	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation	Aggregate Year-to-Date > \$500.00	
<b>F. Full Name, Mailing Address and ZIP Code</b> <b>Pac, US Team</b> 100 West Putnam Ave Greenwich CT 06830		9/29/2000	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation	Aggregate Year-to-Date > \$3,500.00	
<b>G. Full Name, Mailing Address and ZIP Code</b> <b>Pac, Westvaco Political Participation Program</b> 288 Park Ave New York NY 10171		9/29/2000	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation	Aggregate Year-to-Date > \$1,000.00	

**SUBTOTAL** of Receipts This Page (optional) ..... \$7,500.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

**Contributions from Other Political Committees**

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**NAME OF COMMITTEE (In Full)**  
**Chris John For Congress Committee INC** **C00316598**

<b>A. Full Name, Mailing Address and ZIP Code</b> Pac, <i>WIL PAE</i> <i>Williamette Industries, Inc.</i> 1300 SW 5th Ave Ste. 3800 Portland OR 97201	Name of Employer Williamette Industries, Inc.  Occupation	Date (month, day, year) 9/29/2000	Amount of Each Receipt this Period \$2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Aggregate Year-to-Date > \$3,000.00	

<b>B. Full Name, Mailing Address and ZIP Code</b> Pac, Zurich Group 325 7th St. NW Ste. 1225 Washington DC 20004	Name of Employer  Occupation	Date (month, day, year) 8/3/2000	Amount of Each Receipt this Period \$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Aggregate Year-to-Date > \$500.00	

<b>Full Name, Mailing Address and ZIP Code</b>	Name of Employee  Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Aggregate Year-to-Date >	

<b>Full Name, Mailing Address and ZIP Code</b>	Name of Employee  Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Aggregate Year-to-Date >	

<b>Full Name, Mailing Address and ZIP Code</b>	Name of Employee  Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Aggregate Year-to-Date >	

<b>Full Name, Mailing Address and ZIP Code</b>	Name of Employee  Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Aggregate Year-to-Date >	

<b>Full Name, Mailing Address and ZIP Code</b>	Name of Employee  Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Aggregate Year-to-Date >	

<b>SUBTOTAL</b> of Receipts This Page (optional)	\$2,500.00
<b>TOTAL</b> This Period (last page this line number only)	\$42,732.65

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 16

FOR LINE NUMBER 17

**Operating Expenditures**

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)

**Chris John For Congress Committee INC**

**C00316596**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
<b>Abes Grocery</b> 1833 Hwy 14 Lake Charles LA 70601	Fundraising Expense Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/24/2000	\$80.79
<b>Academy</b> 4533 Johnston Street Lafayette LA 70503	Fundraising Expense Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/1/2000	\$10.75
<b>Amazon.Com</b> P.O. Box 81226 Seattle, WA 98108-1226	Gift Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/1/2000	\$16.48
<b>Arnold, Matt</b> 520 N Avenue 1 Crowley LA 70526	Campaign Workers' Salaries Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/28/2000	\$100.00
<b>Aurora Flower Shop</b> P.O. Box 1 Crowley LA 70527	Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/24/2000	\$54.50
<b>Authorized Taxicab Supervision,</b> 9488 Alverstone Avenue Los Angeles CA 90045	MEMO \$25.00 Reimb to Gordon Taylor for Travel Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/14/2000	\$0.00
<b>Bacchus</b> 1827 Jefferson PI NW Washington DC 20003	Fundraising Expense Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/24/2000	\$60.62
<b>Bayou Graphics</b> P.O. Box 1882 Crowley LA 70527	Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	9/1/2000	\$526.42
<b>Bellsouth</b> P.O. Box 100100 Columbia SC 29202	Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	9/8/2000	\$100.00

SUBTOTAL of Disbursements This Page (optional)

\$949.56

TOTAL This Period (last page this line number only)

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule for each category of the Detailed Summary Page

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FOR LINE NUMBER 17

**Operating Expenditures**

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)		C00316596	
<b>A. Full Name, Mailing Address and ZIP Code</b> Bellsouth, P.O. Box 100100 Columbia SC 29202	<b>Purpose of Disbursement</b> MEMO \$24.97 Reimb to Kim Turnley for Phone <i>Key</i>	<b>Date (month, day, year)</b> 8/21/2000	<b>Amount of Each Disbursement this Period</b> \$0.00
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):			
<b>B. Full Name, Mailing Address and ZIP Code</b> Bellsouth, P.O. Box 100100 Columbia SC 29202	<b>Purpose of Disbursement</b> MEMO \$82.10 Reimb to Kim Turnley for Phone <i>Key</i>	<b>Date (month, day, year)</b> 8/17/2000	<b>Amount of Each Disbursement this Period</b> \$0.00
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):			
<b>C. Full Name, Mailing Address and ZIP Code</b> Bennys Supermarket, 815 Union St. Opelousas LA 70570	<b>Purpose of Disbursement</b> MEMO \$160.93 Reimb to Kim Turnley for Office <i>Exp</i>	<b>Date (month, day, year)</b> 8/4/2000	<b>Amount of Each Disbursement this Period</b> \$0.00
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):			
<b>D. Full Name, Mailing Address and ZIP Code</b> Broussard Poche Lewis and Breaux, LLP P.O. Drawer 307 Crowley LA 70527	<b>Purpose of Disbursement</b> Accounting Services	<b>Date (month, day, year)</b> 7/6/2000	<b>Amount of Each Disbursement this Period</b> \$1,235.00
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):			
<b>E. Full Name, Mailing Address and ZIP Code</b> Broussard Poche Lewis and Breaux, LLP P.O. Drawer 307 Crowley LA 70527	<b>Purpose of Disbursement</b> Accounting Services	<b>Date (month, day, year)</b> 7/17/2000	<b>Amount of Each Disbursement this Period</b> \$575.00
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):			
<b>F. Full Name, Mailing Address and ZIP Code</b> Broussard Poche Lewis and Breaux, LLP P.O. Drawer 307 Crowley LA 70527	<b>Purpose of Disbursement</b> Accounting Services	<b>Date (month, day, year)</b> 8/24/2000	<b>Amount of Each Disbursement this Period</b> \$755.00
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):			
<b>G. Full Name, Mailing Address and ZIP Code</b> Budget Car Rental 1620 L St., NW Washington DC 20003	<b>Purpose of Disbursement</b> Travel Expense	<b>Date (month, day, year)</b> 8/24/2000	<b>Amount of Each Disbursement this Period</b> \$185.10
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):			
<b>H. Full Name, Mailing Address and ZIP Code</b> Calcasieu Cameron Fair 923 Lewis St. Lake Charles LA 70601	<b>Purpose of Disbursement</b> Parade Fee	<b>Date (month, day, year)</b> 9/19/2000	<b>Amount of Each Disbursement this Period</b> \$25.00
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):			
<b>I. Full Name, Mailing Address and ZIP Code</b> Capital Grille 803 601 Pennsylvania Ave NW Washington DC 20004	<b>Purpose of Disbursement</b> Fundraising Expense	<b>Date (month, day, year)</b> 8/24/2000	<b>Amount of Each Disbursement this Period</b> \$643.38
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):			

SUBTOTAL of Disbursements This Page (optional)	\$3,418.48
TOTAL This Period (last page this line number only)	

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule for each category of the Detailed Summary Page

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FOR LINE NUMBER

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**Operating Expenditures**

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NAME OF COMMITTEE (in Full)

**Chris John For Congress Committee INC**

**C00316596**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Charley G 3809 Ambassador PKWY Lafayette LA 70503	Dining Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/1/2000	\$136.49
B. Full Name, Mailing Address and ZIP Code Continental P.O. Box 4607 Houston TX 77002	Travel Expense Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/24/2000	\$457.00
C. Full Name, Mailing Address and ZIP Code Continental, P.O. Box 4507 Houston TX 77002	MEMO \$444.00 Reimb to Gordon Taylor for <del>Travel Expense</del> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/14/2000	\$0.00
D. Full Name, Mailing Address and ZIP Code Continental, P.O. Box 4607 Houston TX 77002	MEMO \$369.00 Reimb to Lynn Hershey for <del>Travel Expense</del> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/14/2000	\$0.00
E. Full Name, Mailing Address and ZIP Code Crowley Chamber Of Commerce P.O. Box 2125 Crowley LA 70527	Dues Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/24/2000	\$100.00
F. Full Name, Mailing Address and ZIP Code Crowley HS Athletic Dept 263 Hensgens Road Crowley LA 70526	Print Ads Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/6/2000	\$40.00
G. Full Name, Mailing Address and ZIP Code Crowley Post Signal 602 N Parkerson Avenue Crowley LA 70527	Print Ads Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/24/2000	\$25.00
H. Full Name, Mailing Address and ZIP Code Crowley Post Signal 602 N Parkerson Avenue Crowley LA 70527	Print Ads Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/17/2000	\$34.10
I. Full Name, Mailing Address and ZIP Code Crown Decal 141 Decal St Lafayette LA 70508	Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/22/2000	\$3,088.80

SUBTOTAL of Disbursements This Page (optional)

\$3,881.39

TOTAL This Period (last page this line number only)

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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**Operating Expenditures**

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NAME OF COMMITTEE (in Full)

**Chris John For Congress Committee INC**

**C00316596**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
<b>Crown Decal</b> 141 Decal St. Lafayette LA 70508	Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	9/14/2000	\$1,065.00
<b>David Andrukitis</b> 50 E Street SE Washington DC 20003	Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/24/2000	\$145.41
<b>Delta Air</b> 511N Parkerson Ave. Crowley LA 70527	Travel Expense Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/24/2000	\$197.00
<b>Dixie True Value Hardware</b> 505 North Parkerson Crowley LA 70526	Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/17/2000	\$272.91
<b>Doyles Mini Warehouse Storage</b> 404 S Parkerson Crowley LA 70526	Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/31/2000	\$90.00
<b>Doyles Mini Warehouse Storage</b> 404 S Parkerson Crowley LA 70526	Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/28/2000	\$90.00
<b>Dupuis, Lindsey</b> 1849 Savoy Rd Youngsville LA 70582	Campaign Workers' Salaries Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	9/27/2000	\$70.00
<b>Eckerd Drugs</b> Bonnette Shopping Center Kaplan LA 70548	Fundraising Expense Fundraising Expense Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/1/2000	\$58.25
<b>Elections 2000</b> 499 S Capital St Ste 113 Washington DC 20003	Dues Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	9/8/2000	\$900.00

SUBTOTAL of Disbursements This Page (optional)

\$2,888.57

TOTAL This Period (last page this line number only)

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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**Operating Expenditures**

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NAME OF COMMITTEE (in Full)

**Chris John For Congress Committee INC**

**CD0316596**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Evangeline Bank 425 North Avenue G Crowley LA 70527	Bank Service Charge stop payment on lost Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	9/12/2000	\$15.00
Evangeline Bank 425 North Avenue G Crowley LA 70527	Purpose of Disbursement Filing fee Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/15/2000	\$900.00
Evangeline Bank 425 North Avenue G Crowley LA 70527	Purpose of Disbursement Taxes Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/15/2000	\$318.90
Evangeline Bank 425 North Avenue G Crowley LA 70527	Purpose of Disbursement Taxes Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/13/2000	\$318.90
Evangeline Bank 425 North Avenue G Crowley LA 70527	Purpose of Disbursement Taxes Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	9/14/2000	\$318.90
Exxon 3225 Gallows Road Fairfax VA 22037	Purpose of Disbursement Travel Expense Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/1/2000	\$33.40
Exxon 2597 Parkerson Crowley LA 70526	Purpose of Disbursement Travel Expense Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/24/2000	\$34.09
Exxon Pos 3225 Gallows Road Fairfax VA 22037	Purpose of Disbursement Travel Expense Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/1/2000	\$30.00
Exxon Pos 3225 Gallows Road Fairfax VA 22037	Purpose of Disbursement Travel Expense Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/27/2000	\$32.00

SUBTOTAL of Disbursements This Page (optional)

\$2,001.19

TOTAL This Period (last page this line number only)



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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**Operating Expenditures**

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NAME OF COMMITTEE (in Full)		C00316596	
<b>A. Full Name, Mailing Address and ZIP Code</b> Exxon Pos 3225 Gallows Road Fairfax VA 22037	<b>Purpose of Disbursement</b> Travel Expense Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Date (month, day, year)</b> 8/24/2000	<b>Amount of Each Disbursement this Period</b> \$31.55
<b>B. Full Name, Mailing Address and ZIP Code</b> Fedex P.O. Box 1140 Dept A. Memphis TN 38101	<b>Purpose of Disbursement</b> Postage Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Date (month, day, year)</b> 7/1/2000	<b>Amount of Each Disbursement this Period</b> \$13.26
<b>C. Full Name, Mailing Address and ZIP Code</b> Fedex P.O. Box 1140 Dept A. Memphis TN 38101	<b>Purpose of Disbursement</b> Postage Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Date (month, day, year)</b> 8/24/2000	<b>Amount of Each Disbursement this Period</b> \$13.26
<b>D. Full Name, Mailing Address and ZIP Code</b> Fedex P.O. Box 1140 Dept A. Memphis TN 38101	<b>Purpose of Disbursement</b> Postage Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Date (month, day, year)</b> 7/27/2000	<b>Amount of Each Disbursement this Period</b> \$16.38
<b>E. Full Name, Mailing Address and ZIP Code</b> Fedex P.O. Box 1140 Dept A. Memphis TN 38101	<b>Purpose of Disbursement</b> Postage Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Date (month, day, year)</b> 8/24/2000	<b>Amount of Each Disbursement this Period</b> \$16.38
<b>F. Full Name, Mailing Address and ZIP Code</b> Hershey, Lynn 108 Monroe Ave. Alexandria VA 22304	<b>Purpose of Disbursement</b> Reimb For Travel Expense Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Date (month, day, year)</b> 9/14/2000	<b>Amount of Each Disbursement this Period</b> \$369.00
<b>G. Full Name, Mailing Address and ZIP Code</b> Hulco Printing 204 E Amadee Lafayette LA 70503	<b>Purpose of Disbursement</b> Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Date (month, day, year)</b> 9/13/2000	<b>Amount of Each Disbursement this Period</b> \$675.16
<b>H. Full Name, Mailing Address and ZIP Code</b> Hunan Dynasty Restaurant 215 Pennsylvania Ave S E Washington DC 20003	<b>Purpose of Disbursement</b> Dining Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Date (month, day, year)</b> 7/1/2000	<b>Amount of Each Disbursement this Period</b> \$85.85
<b>I. Full Name, Mailing Address and ZIP Code</b> Hunan Dynasty Restaurant 215 Pennsylvania Ave S E Washington DC 20003	<b>Purpose of Disbursement</b> Fundraising Expense Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Date (month, day, year)</b> 8/24/2000	<b>Amount of Each Disbursement this Period</b> \$75.10

SUBTOTAL of Disbursements This Page (optional)

\$1,295.94

TOTAL This Period (last page this line number only)

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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**Operating Expenditures**

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NAME OF COMMITTEE (In Full)

**Chris John For Congress Committee INC**

**C00316598**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
John Distad Amoco 823 Penn Ave SE Washington DC 20004	Travel Expense Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/24/2000	\$13.29
Kaplan Telephone Company, 118 N Irving Kaplan LA 70548	MEMO \$57.38 Reimb to Kim Turnley for phone Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/4/2000	\$0.00
Kaplan Telephone Company, 118 N Irving Kaplan LA 70548	MEMO \$112.75 Reimb to Kim Turnley for Phone Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	9/1/2000	\$0.00
Kaplan Telephone Company, 118 N Irving Kaplan LA 70548	MEMO \$71.31 Reimb to Kim Turnley for Phone Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/2/2000	\$0.00
Kc 1318 Egan Hwy Crowley LA 70526	Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/26/2000	\$275.00
Kinko 2926 Johnston St Lafayette LA 70503	Fundraising Expense Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/24/2000	\$37.89
Kinko 2926 Johnston St Lafayette LA 70503	Fundraising Expense Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/24/2000	\$16.07
Kpc 141 2526 Opelousas St. Lake Charles LA 70601	Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/4/2000	\$230.00
La Cattle Festival Grand Parade 2333 Camelia St. Abbeville LA 70510	Parade Fee Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	9/18/2000	\$100.00

SUBTOTAL of Disbursements This Page (optional)

\$672.25

TOTAL This Period (last page this line number only)

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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**Operating Expenditures**

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NAME OF COMMITTEE (in Full)

**Chris John For Congress Committee INC**

**C00316596**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
La Dept Of Labor P.O. Box 94050 Baton Rouge LA 70804	Taxes Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/31/2000	\$75.95
B. Full Name, Mailing Address and ZIP Code La Dept Of Revenue P.O. Box 91017 Baton Rouge LA 70821	Taxes Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/31/2000	\$104.00
C. Full Name, Mailing Address and ZIP Code Lake Charles Poultry Co 2808 Fruge St. Lake Charles LA 70601	Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/4/2000	\$61.67
D. Full Name, Mailing Address and ZIP Code Le Triomphe 100 Club Blvd Broussard LA 70518	Fundraising Expense Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/24/2000	\$6,428.85
E. Full Name, Mailing Address and ZIP Code Leblanc Maison De Fruit 110 W Congress Lafayette LA 70501	Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	9/13/2000	\$59.75
F. Full Name, Mailing Address and ZIP Code Michaels 5520 Johnston St. Lafayette LA 70501	Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/24/2000	\$42.23
G. Full Name, Mailing Address and ZIP Code Midas Muffler 625 New York Ave NW Washington DC 20001	Travel Expense Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/1/2000	\$77.20
H. Full Name, Mailing Address and ZIP Code Miller, Pat Box 1349 Hwy 749 Opelousas LA 70570	Campaign Workers' Salaries Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/31/2000	\$500.00
I. Full Name, Mailing Address and ZIP Code Miller, Pat Box 1349 Hwy 749 Opelousas LA 70570	Campaign Workers' Salaries Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	9/27/2000	\$500.00

SUBTOTAL of Disbursements This Page (optional)

\$7,849.65

TOTAL This Period (last page this line number only)

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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**Operating Expenditures**

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NAME OF COMMITTEE (in Full) **Chris John For Congress Committee INC** **C00316596**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Miller, Pat Box 1349 Hwy 749 Opelousas LA 70570	Campaign Workers' Salaries Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/28/2000	\$500.00
B. Full Name, Mailing Address and ZIP Code Mobil Gas 3225 Gallows Road Fairfax VA 22037	Travel Expense Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/24/2000	\$30.99
C. Full Name, Mailing Address and ZIP Code Myers, Johnny 428 North Ave H Crowley LA 70526	Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/14/2000	\$389.63
D. Full Name, Mailing Address and ZIP Code Notre Dame Athletic Club P.O. Box 1116 Crowley LA 70527	Print Ads Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/27/2000	\$75.00
E. Full Name, Mailing Address and ZIP Code Office Depot 4670 Johnston Street Lafayette LA 70508	Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/17/2000	\$10.84
F. Full Name, Mailing Address and ZIP Code Passport Travel 511 N Parkerson Crowley LA 70527	Travel Expense Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/24/2000	\$10.00
G. Full Name, Mailing Address and ZIP Code Passport Travel 511 N Parkerson Crowley LA 70527	Travel Expense Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/24/2000	\$10.00
H. Full Name, Mailing Address and ZIP Code Pitney Bowes P.O. Box 7247 Philadelphia PA 19170	Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/24/2000	\$26.42
I. Full Name, Mailing Address and ZIP Code Pitney Bowes P.O. Box 7247 Philadelphia PA 19170	Postage Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/24/2000	\$200.00

SUBTOTAL of Disbursements This Page (optional)	\$1,252.88
TOTAL This Period (last page this line number only)	

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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**Operating Expenditures**

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) **Chris John For Congress Committee INC** C00316596

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Pitney Bowes P.O. Box 7247 Philadelphia PA 19170	Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/8/2000	\$26.42
B. Full Name, Mailing Address and ZIP Code Pop A Lock, P.O. Box 1944 Lake Charles LA 70601	Purpose of Disbursement MEMO \$24.95 Reimb to Kim Turnley for Office Expense Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	9/15/2000	\$0.00
C. Full Name, Mailing Address and ZIP Code Postmaster 123 E 3rd Street Crowley LA 70526	Purpose of Disbursement Postage Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/17/2000	\$33.00
D. Full Name, Mailing Address and ZIP Code Prather, Garrett 5455 Ellis Rd Crowley LA 70526	Purpose of Disbursement Campaign Workers' Salaries Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/28/2000	\$50.00
E. Full Name, Mailing Address and ZIP Code Pujo Street Cafe 907 Ryan St. Lake Charles LA 70601	Purpose of Disbursement Dining Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/24/2000	\$65.01
F. Full Name, Mailing Address and ZIP Code Pujo Street Cafe 907 Ryan St. Lake Charles LA 70601	Purpose of Disbursement Fundraising Expense Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/24/2000	\$35.99
G. Full Name, Mailing Address and ZIP Code Raspberry Falls Golf 41601 Raspberry Dr. Leesburg VA 20176	Purpose of Disbursement Fundraising Expense Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/24/2000	\$35.53
H. Full Name, Mailing Address and ZIP Code Rayne Chamber Of Commerce 1023 the Boulevard Rayne LA 70578	Purpose of Disbursement Parade Fee Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/24/2000	\$50.00
I. Full Name, Mailing Address and ZIP Code Rite Aid 2016 N Parkerson Ave Crowley LA 70526	Purpose of Disbursement Fundraising Expense Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/24/2000	\$33.80

SUBTOTAL of Disbursements This Page (optional) .....	\$329.75
TOTAL This Period (last page this line number only) .....	

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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**Operating Expenditures**

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NAME OF COMMITTEE (In Full)

**Chris John For Congress Committee INC**

**C00316598**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Rite Aid 2016 N Parkerson Ave Crowley LA 70528	Fundraising Expense Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/24/2000	\$60.54
B. Full Name, Mailing Address and ZIP Code Roy Al Flowers And Gifts 401 W University Lafayette LA 70506	Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/24/2000	\$112.88
C. Full Name, Mailing Address and ZIP Code Roy Al Flowers And Gifts 401 W University Lafayette LA 70506	Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/31/2000	\$48.38
D. Full Name, Mailing Address and ZIP Code Roy Al Flowers And Gifts 401 W University Lafayette LA 70506	Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/6/2000	\$59.13
E. Full Name, Mailing Address and ZIP Code Ruth Chris Steak 620 West Pinhook Lafayette LA 70503	Fundraising Expense Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/1/2000	\$143.79
F. Full Name, Mailing Address and ZIP Code Sams Wholesale Club 130 N Ambassador Pkwy Scott LA 70583	Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/4/2000	\$111.25
G. Full Name, Mailing Address and ZIP Code Sams Wholesale Club 130 N Ambassador Pkwy Scott LA 70583	Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/28/2000	\$60.15
H. Full Name, Mailing Address and ZIP Code Sams Wholesale Club 130 N Ambassador Pkwy Scott LA 70583	Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/28/2000	\$262.69
I. Full Name, Mailing Address and ZIP Code Shopper 49, 3801 Jefferson Davis Hwy Alexandria VA 22305	Purpose of Disbursement MEMO \$278.32 Reimb to Monica Taylor for <i>Office</i> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 7/28/2000	Amount of Each Disbursement this Period \$0.00

SUBTOTAL of Disbursements This Page (optional)

\$859.01

TOTAL This Period (last page this line number only)

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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**Operating Expenditures**

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NAME OF COMMITTEE (In Full) **Chris John For Congress Committee INC** **C00316596**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Shreve, Angela 3226 Stakes RD Crowley LA 70527	Campaign Workers' Salaries Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/15/2000	\$250.00
Shreve, Angela 3226 Stakes RD Crowley LA 70527	Campaign Workers' Salaries Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/14/2000	\$250.00
Shreve, Angela 3226 Stakes RD Crowley LA 70527	Campaign Workers' Salaries Campaign Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	9/14/2000	\$250.00
Shutters On The Beach 1 Peco Blvd Santa Monica CA 90405	Travel Expense Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/24/2000	\$2,688.00
Shutters On The Beach, 1 Peco Blvd Santa Monica CA 90405	MEMO \$397.00 Reimb to Gordon Taylor for travel Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/14/2000	\$0.00
Splash Car Wash 10 Eye St SE Washington DC 20003	Fundraising Expense Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/1/2000	\$123.55
Stop In Food Store Lafayette LA 70501	Travel Expense Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/24/2000	\$17.04
Sun Valley Resrvation 1 Elkhorn Sun Valley ID 83353	Travel Expense Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/24/2000	\$86.90
Sunoco 780 W Bel Air Ave Aberdeen MD 21001	Travel Expense Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/24/2000	\$32.33

SUBTOTAL of Disbursements This Page (optional) .....	\$3,697.82
TOTAL This Period (last page this line number only) .....	

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule for each category of the Detailed Summary Page

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**Operating Expenditures**

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NAME OF COMMITTEE (In Full)

**Chris John For Congress Committee INC**

**C00316596**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Swisher International 459 E 16th Street Jacksonville FL 32206	Travel Expense Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/10/2000	\$1,631.50
Swisher International 459 E 16th Street Jacksonville FL 32206	Travel Expense Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/8/2000	\$2,554.00
Target 5620 Johnston Street Lafayette LA 70503	Fundraising Expense Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/1/2000	\$20.40
Taylor, Gordon 1320 23rd St NW Apt 702 Washington DC 20037	Reimb For Travel Expense Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	9/14/2000	\$866.00
Taylor, Monica 316 F Street NE Washington DC 20002	Reimb For Office Expense Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/28/2000	\$278.32
Terrabone 102 Treehaven Blvd. Lafayette LA 70503	Fundraising Expense Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/1/2000	\$1,015.34
The Mystick Krawe of LA INC P.O. Box 80518 Baton Rouge LA 70898	Dues Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/27/2000	\$550.00
Tobacco Plus N Parkerson Crowley LA 70526	Travel Expense Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/24/2000	\$10.96
Tortilla Coast 400 First Street SE Washington DC 20018	Fundraising Expense Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/1/2000	\$35.44

SUBTOTAL of Disbursements This Page (optional)

\$6,951.96

TOTAL This Period (last page this line number only)



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedules for each category of the Detailed Summary Page

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**Operating Expenditures**

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NAME OF COMMITTEE (In Full)

**Chris John For Congress Committee INC**

**C00316596**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Turnley, Kim 512 S Irving Kaplan LA 70548	Reimb For Office Expense Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	9/15/2000	\$24.95
Turnley, Kim 512 S Irving Kaplan LA 70548	Campaign Workers' Salaries Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/17/2000	\$522.90
Turnley, Kim 512 S Irving Kaplan LA 70548	Reimb For Office Exp And Phone Usage Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	9/1/2000	\$112.75
Turnley, Kim 512 S Irving Kaplan LA 70548	Reimb For Office Exp And Phone Usage Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/7/2000	\$71.31
Turnley, Kim 512 S Irving Kaplan LA 70548	Campaign Workers' Salaries Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	9/1/2000	\$522.90
Turnley, Kim 512 S Irving Kaplan LA 70548	Reimb For Office Exp And Phone Usage Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/17/2000	\$82.10
Turnley, Kim 512 S Irving Kaplan LA 70548	Campaign Workers' Salaries Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	9/15/2000	\$522.90
Turnley, Kim 512 S Irving Kaplan LA 70548	Campaign Workers' Salaries Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	9/29/2000	\$522.90
Turnley, Kim 512 S Irving Kaplan LA 70548	Campaign Workers' Salaries Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/4/2000	\$522.90

SUBTOTAL of Disbursements This Page (optional)

\$2,905.61

TOTAL This Period (last page this line number only)

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use this table to check (x) for each category of the Detailed Summary Page

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**Operating Expenditures**

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NAME OF COMMITTEE (In Full)

**Chris John For Congress Committee INC**

**C00316596**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Turnley, Kim 512 S Irving Kaplan LA 70548	Campaign Workers' Salaries Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/7/2000	\$522.90
Turnley, Kim 512 S Irving Kaplan LA 70548	Reimb For Office Exp And Phone Usage Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/4/2000	\$218.31
Turnley, Kim 512 S Irving Kaplan LA 70548	Campaign Workers' Salaries Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/21/2000	\$522.90
Turnley, Kim 512 S Irving Kaplan LA 70548	Reimb For Office Exp And Phone Usage Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/21/2000	\$24.97
U S House Of Rep Gift Shop B 217 Longworth Building Washington DC 20515	Fundraising Expense Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/24/2000	\$42.00
U S House Of Rep Gift Shop B 217 Longworth Building Washington DC 20515	Gift Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/1/2000	\$89.94
U S House Of Rep Gift Shop B 217 Longworth Building Washington DC 20515	Fundraising Expense Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/1/2000	\$70.88
United States Postal Service Longworth HOB Suite B202 Washington DC 20515	Postage Postage Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/1/2000	\$66.00
United States Postal Service Longworth HOB Suite B202 Washington DC 20515	Postage Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/27/2000	\$99.00

SUBTOTAL of Disbursements This Page (optional)

\$1,656.90

TOTAL This Period (last page this line number only)

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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**Operating Expenditures**

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NAME OF COMMITTEE (in Full)

**Chris John For Congress Committee INC**

**C00316506**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
United States Postal Service Longworth HOB Suite B202 Washington DC 20515	Postage Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/27/2000	\$15.11
United States Postal Service Longworth HOB Suite B202 Washington DC 20515	Postage Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/1/2000	\$66.00
Walmart 729 Odfellows Road Crowley LA 70527	Fundraising Expense Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/24/2000	\$22.92
Walmart 729 Odfellows Road Crowley LA 70527	Fundraising Expense Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/24/2000	\$7.29
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year)	Amount of Each Disbursement this Period
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year)	Amount of Each Disbursement this Period
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year)	Amount of Each Disbursement this Period
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year)	Amount of Each Disbursement this Period
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year)	Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

\$111.32

TOTAL This Period (last page this line number only)

\$40,722.28

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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**Other Disbursements**

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)

**Chris John For Congress Committee INC**

**C00316596**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement nonfederal Contribution	Date (month, day, year)	Amount of Each Disbursement this Period
<b>American Cancer Society</b> 1599 Clifton Road, NE Atlanta GA 30329-4251	<b>Charitable</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/17/2000	\$50.00
<b>B. Full Name, Mailing Address and ZIP Code</b> <b>Boys And Girls Club</b> 301 Veterans Memorial Blvd. Abbeville LA 70510	<b>Charitable</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/24/2000	\$800.00
<b>C. Full Name, Mailing Address and ZIP Code</b> <b>Cerebral Palsy Of La</b> 2380 Barataria Blvd Ste 5 Metairie LA 70002	<b>Charitable</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/6/2000	\$50.00
<b>D. Full Name, Mailing Address and ZIP Code</b> <b>Christ Of King Church</b> 4849 Hwy 358 Opelousas LA 70570	<b>Charitable</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/31/2000	\$150.00
<b>E. Full Name, Mailing Address and ZIP Code</b> <b>Crowley Fire Dept. MDA</b> 104 W Hutchinson Crowley LA 70526	<b>Charitable</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/17/2000	\$100.00
<b>F. Full Name, Mailing Address and ZIP Code</b> <b>Crowley HS Athletic Dept</b> 263 Hensgens Road Crowley LA 70526	<b>Charitable</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/17/2000	\$100.00
<b>G. Full Name, Mailing Address and ZIP Code</b> <b>Crowley Recreation Dept.</b> 717 W Mill St. Crowley LA 70526	<b>Charitable</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/17/2000	\$15.00
<b>H. Full Name, Mailing Address and ZIP Code</b> <b>DCCC</b> 430 South ST Washington DC 20003	<b>Contribution</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	9/8/2000	\$25,000.00
<b>I. Full Name, Mailing Address and ZIP Code</b> <b>DCCC</b> 430 South ST Washington DC 20003	<b>Contribution</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	9/8/2000	\$1,500.00

SUBTOTAL of Disbursements This Page (optional)

\$27,765.00

TOTAL This Period (last page this line number only)

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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**Other Disbursements**

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NAME OF COMMITTEE (in Full)

**Chris John For Congress Committee INC**

**C00316596**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement nonfederal Contribution	Date (month, day, year)	Amount of Each Disbursement this Period
Don Breaux Reception 816 Curlls St. Lafayette LA 70506	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/17/2000	\$2,500.00
B. Full Name, Mailing Address and ZIP Code Evangelina Area Boy Scouts P.O. Box 80115 Lafayette LA 70598	Purpose of Disbursement nonfederal Contribution Charitable Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 7/6/2000	Amount of Each Disbursement this Period \$50.00
C. Full Name, Mailing Address and ZIP Code Kaplan Ducks Unlimited 103 Lege Rd Kaplan LA 70548	Purpose of Disbursement nonfederal Contribution Charitable Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 9/21/2000	Amount of Each Disbursement this Period \$50.00
D. Full Name, Mailing Address and ZIP Code Lafayette Assc Of Retarded Citizens 300 New Hope Road Lafayette LA 70506	Purpose of Disbursement nonfederal Contribution Charitable Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 9/13/2000	Amount of Each Disbursement this Period \$300.00
E. Full Name, Mailing Address and ZIP Code Lake Charles Ducks Unlimited 6601 Wardline Rd Lake Charles LA 70601	Purpose of Disbursement nonfederal Contribution Charitable Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 8/15/2000	Amount of Each Disbursement this Period \$35.00
F. Full Name, Mailing Address and ZIP Code Louisiana Democratic Party P.O. Box 4385 Baton Rouge LA 70821	Purpose of Disbursement nonfederal Contribution Charitable Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 7/6/2000	Amount of Each Disbursement this Period \$1,000.00
G. Full Name, Mailing Address and ZIP Code Magnolia State Police Officers 121 E Pont Des Mouton Rd Lafayette LA 70507	Purpose of Disbursement nonfederal Contribution Charitable Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 9/1/2000	Amount of Each Disbursement this Period \$100.00
H. Full Name, Mailing Address and ZIP Code Mike Open P.O. Box 2075 Lafayette LA 70502	Purpose of Disbursement nonfederal Contribution Charitable Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 7/5/2000	Amount of Each Disbursement this Period \$125.00
I. Full Name, Mailing Address and ZIP Code Municipal Heliport Committee P.O. Box 255 Melville LA 71353	Purpose of Disbursement nonfederal Contribution Charitable Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 9/18/2000	Amount of Each Disbursement this Period \$100.00

SUBTOTAL of Disbursements This Page (optional)

\$4,260.00

TOTAL This Period (last page this line number only)

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 3 OF 4

FOR LINE NUMBER

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**Other Disbursements**

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)

**Chris John For Congress Committee INC**

**C00316596**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement nonfederal Contribution Charitable	Date (month, day, year)	Amount of Each Disbursement this Period
Notre Dame High School 910 East Ave Crowley LA 70527	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	9/13/2000	\$20.00
B. Full Name, Mailing Address and ZIP Code Southern Development 301 East Sandoz Opelousas LA 70570	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/23/2000	\$250.00
C. Full Name, Mailing Address and ZIP Code Southside Development Corp. 408 8 Main St. Jennings LA 70546	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/27/2000	\$100.00
D. Full Name, Mailing Address and ZIP Code St Joan Of Arch P.O. Box 479 Oberlin LA 70655	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/15/2000	\$100.00
E. Full Name, Mailing Address and ZIP Code St John Church P.O. Box 176 Mermentau LA 70558	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/6/2000	\$100.00
F. Full Name, Mailing Address and ZIP Code St Michael Athletic Board 1117 Wright Ave Crowley LA 70526	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/24/2000	\$100.00
G. Full Name, Mailing Address and ZIP Code St Peters P.O. Box 236 Hackberry LA 70645	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/6/2000	\$100.00
H. Full Name, Mailing Address and ZIP Code St. Theresas Church 4712 W 3rd St Crowley LA 70526	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/27/2000	\$100.00
I. Full Name, Mailing Address and ZIP Code St. Theresas Church 4712 W 3rd St. Crowley LA 70526	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/6/2000	\$100.00

SUBTOTAL of Disbursements This Page (optional)

\$970.00

TOTAL This Period (last page this line number only)

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 4 OF 4

FOR LINE NUMBER

21

**Other Disbursements**

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NAME OF COMMITTEE (in Full)

**Chris John For Congress Committee INC**

**C00316596**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement nonfederal Contribution Charitable	Date (month, day, year)	Amount of Each Disbursement this Period
The Tiger Athletic Foundation P.O. Box 711 Baton Rouge LA 70821	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/13/2000	\$469.00
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year)	Amount of Each Disbursement this Period
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year)	Amount of Each Disbursement this Period
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year)	Amount of Each Disbursement this Period
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year)	Amount of Each Disbursement this Period
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year)	Amount of Each Disbursement this Period
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year)	Amount of Each Disbursement this Period
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year)	Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

\$469.00

TOTAL This Period (last page this line number only)

\$33,464.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) 10-13-00
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
J. G. PREPARER	10-17-00 DATE PREPARED