

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

ADDRESS (number and street) PO BOX 58800  
 Check if different than previously reported. (ACC)  
NEW ORLEANS LA 70158

2. **FEC IDENTIFICATION NUMBER** C00451062  
**CITY** STATE ZIP CODE STATE DISTRICT  
LA 02  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on 10 04 2008 in the State of LA  
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on in the State of

5. Covering Period 08 18 2008 through 09 14 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer WILLIAM VANDERBROOK

Signature of Treasurer Electronically Filed by WILLIAM VANDERBROOK Date 09 22 2008

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

HELENA MORENO FOR CONGRESS

Report Covering the Period: From: 

M	M
0	8

D	D
1	8

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	9

D	D
1	4

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	62825.00	127625.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	62825.00	127625.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	65099.69	164260.97
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	65099.69	164260.97
8. Cash on Hand at Close of Reporting Period (from Line 27).....	13864.03	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	50500.00	

**For further information contact:**

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name  
HELENA MORENO FOR CONGRESS

Report Covering the Period: From: 

M	M
0	8

D	D
1	8

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	9

D	D
1	4

Y	Y	Y	Y
2	0	0	8

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees	59350.00	119950.00
(i) Itemized (use Schedule A).....	1475.00	5675.00
(ii) Unitemized.....	60825.00	125625.00
(iii) TOTAL of contributions from individuals..... ▶	0.00	0.00
(b) Political Party Committees.....	2000.00	2000.00
(c) Other Political Committees (such as PACS).....	0.00	0.00
(d) The Candidate.....	62825.00	127625.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	0.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....</b>	0.00	0.00
<b>13. LOANS</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	50500.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	50500.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	62825.00	178125.00

**DETAILED SUMMARY PAGE**  
of Disbursements

**II. DISBURSEMENTS**

**COLUMN A**  
Total This Period

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

17. OPERATING EXPENDITURES.....	65099.69	164260.97
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	65099.69	164260.97

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	16138.72
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	62825.00
25. SUBTOTAL (add Line 23 and Line 24).....	78963.72
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	65099.69
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	13864.03

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
HELENA MORENO FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) KENNETH ADATTO		Date of Receipt
	Mailing Address 1208 PHILIP ST		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 8 / 2 9 / 2 0 0 8
	City	State	Zip Code
	NEW ORLEANS	LA	70130
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.4545
Name of Employer SELF		Occupation ORTHOPAEDIC SURGEON	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 1000.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>B.</b>	Full Name (Last, First, Middle Initial) LAURIE A BARCELONA		Date of Receipt
	Mailing Address 1005 OLD METAIRIE DRIVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 8 / 2 8 / 2 0 0 8
	City	State	Zip Code
	METAIRIE	LA	70001
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.4498
Name of Employer SMITH BARNEY		Occupation SR VP WEALTH MGT	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 500.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>C.</b>	Full Name (Last, First, Middle Initial) TOM BENSON		Date of Receipt
	Mailing Address 5800 AIRLINE DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 8 / 2 9 / 2 0 0 8
	City	State	Zip Code
	METAIRIE	LA	70003
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.4527
Name of Employer NEW ORLEANS SAINTS		Occupation OWNER	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 500.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 39  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HELENA MORENO FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
DERRIN BERGERON

Mailing Address 9 WHITE BLVD

City State Zip Code  
GRETNA LA 70053

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

Name of Employer Occupation  
TOTAL MARINE SERVICES CONTROLLER

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

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

Transaction ID: SA11AI.4422

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
ANDREW J BEVELO, III

Mailing Address 521 CONTI ST

City State Zip Code  
NEW ORLEANS LA 70130

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

Name of Employer Occupation  
BEVELO GAS & ELECTRIC LIG- HTS OWNER

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

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

Transaction ID: SA11AI.4512

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
SIDDHARTH BHANSALI

Mailing Address #7 AUDUBON BLVD

City State Zip Code  
NEW ORLEANS LA 70118

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

Name of Employer Occupation  
SELF CARDIOLOGIST

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

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

Transaction ID: SA11AI.4429

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 39  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HELENA MORENO FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
JEFFREY BORCHARDT

Mailing Address 252 WALNUT ST.

City State Zip Code  
NEW ORLEANS LA 70118

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

Name of Employer Occupation  
PARISH ANESTHESIA ANESTHESIOLOGIST

Receipt For: 2008 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.4559

Amount of Each Receipt this Period  
250.00

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

**B.**

Full Name (Last, First, Middle Initial)  
BABIAK BOSWELL

Mailing Address 1032 CHARTRES STREET

City State Zip Code  
NEW ORLEANS LA 70116

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

Name of Employer Occupation  
STELLA REST. CO-OWNER

Receipt For: 2008 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

2300.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.4628

Amount of Each Receipt this Period  
2300.00

In-kind - FOOD AND DRINK COSTS  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
SCOTT BOSWELL

Mailing Address 1032 CHARTRES STREET

City State Zip Code  
NEW ORLEANS LA 70116

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

Name of Employer Occupation  
STELLA REST. CO-OWNER

Receipt For: 2008 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

2300.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.4625

Amount of Each Receipt this Period  
2300.00

In-kind - FOOD AND DRINK COSTS  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4850.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 39  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
**HELENA MORENO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**CHARLES BOURQUE**

Mailing Address **1801 BAYOU BLACK DR.**

City **HOUMA** State **LA** Zip Code **70360**

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

Name of Employer **SELF** Occupation **ATTORNEY**

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **250.00**

Date of Receipt **08 / 25 / 2008**  
**Transaction ID: SA11AI.4460**  
 Amount of Each Receipt this Period **250.00**

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

**B.** Full Name (Last, First, Middle Initial)  
**TROY BROUSSARD**

Mailing Address **4004 RIVAGE COURT**

City **METAIRIE** State **LA** Zip Code **70002**

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

Name of Employer **LA DRUNK DRIVING DEFENSE** Occupation **LAWYER**

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **500.00**

Date of Receipt **08 / 25 / 2008**  
**Transaction ID: SA11AI.4462**  
 Amount of Each Receipt this Period **500.00**

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

**C.** Full Name (Last, First, Middle Initial)  
**JOSEPH M BRUNO**

Mailing Address **855 BARONNE ST**

City **NEW ORLEANS** State **LA** Zip Code **70113**

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

Name of Employer **BRUNO & BRUNO LAW FIRM** Occupation **CHIEF COUNSEL**

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **2800.00**

Date of Receipt **08 / 28 / 2008**  
**Transaction ID: SA11AI.4514**  
 Amount of Each Receipt this Period **500.00**

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
HELENA MORENO FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) JOSEPH CANIZARO		Date of Receipt
	Mailing Address 909 POYDRAS STREET, SUITE 1700		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 29 / 2008
	City	State	Zip Code
	NEW ORLEANS	LA	70112
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.4533
Name of Employer COLUMBUS PROPERTIES		Occupation REAL ESTATE DEVELOPER	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 1000.00
		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	

<b>B.</b>	Full Name (Last, First, Middle Initial) JOHN CLEMENTS		Date of Receipt
	Mailing Address 7900 JEANNETTE PLACE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 29 / 2008
	City	State	Zip Code
	NEW ORLEANS	LA	70118
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.4557
Name of Employer TULANE UNIVERSITY		Occupation PROFESSOR	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 250.00
		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	

<b>C.</b>	Full Name (Last, First, Middle Initial) COLTON CORSO MESSERSMITH, LLC		Date of Receipt
	Mailing Address 1406 SEVENTH ST		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 28 / 2008
	City	State	Zip Code
	NEW ORLEANS	LA	70115
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.4485
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 2300.00
		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 3550.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 39  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
HELENA MORENO FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
RICHARD COLTON

Mailing Address 1406 SEVENTH ST

City State Zip Code  
NEW ORLEANS LA 70115

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

Name of Employer COLTON CORSO MESSERSMITH, LLC   Occupation PARTNER

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	8	/	2	0	0	8

Transaction ID: SA11AI.4485.0

Amount of Each Receipt this Period  
2300.00

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

**B.** Full Name (Last, First, Middle Initial)  
VALERIE CORCORAN

Mailing Address 4909 KENNEDY STREET

City State Zip Code  
METAIRIE LA 70006

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

Name of Employer FIRST BANK & TRUST   Occupation COMMERCIAL LENDER

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	9	/	2	0	0	8

Transaction ID: SA11AI.4583

Amount of Each Receipt this Period  
350.00

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

**C.** Full Name (Last, First, Middle Initial)  
MIKE DEGEURIN

Mailing Address 300 MAIN STREET, 3RD FLOOR

City State Zip Code  
HOUSTON TX 77002

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

Name of Employer SELF   Occupation LAWYER

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	9	/	2	0	0	8

Transaction ID: SA11AI.4541

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **600.00**

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

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

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

FOR LINE NUMBER: PAGE 11 / 39  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
HELENA MORENO FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
PAMELA GEORGES DONGIEUX  
 Mailing Address 1407 STATE STREET  
 City State Zip Code  
 NEW ORLEANS LA 70118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HOMEMAKER HOMEMAKER  
 Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 9 / 1 3 / 2 0 0 8  
**Transaction ID:** SA11AI.4588  
 Amount of Each Receipt this Period  
 2300.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
FRANK C DUDENHEFER, JR  
 Mailing Address 1411 HENRY CLAY AVE  
 City State Zip Code  
 NEW ORLEANS LA 70118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF ATTORNEY  
 Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 8 / 2 9 / 2 0 0 8  
**Transaction ID:** SA11AI.4529  
 Amount of Each Receipt this Period  
 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
ENTERPRISE RENT-A-CAR COMPANY POLITICAL ACTION COMMITTEE  
 Mailing Address 600 Corporate Park Drive  
 City State Zip Code  
 St. Louis MO 63105  
 FEC ID number of contributing federal political committee. **C** C00219642  
 Name of Employer Occupation  
 Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 8 / 2 9 / 2 0 0 8  
**Transaction ID:** SA11AI.4531  
 Amount of Each Receipt this Period  
 500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3800.00**  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 12 / 39  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
HELENA MORENO FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
CALVIN FAYARD, III

Mailing Address 1310 ARABELLA ST

City State Zip Code  
NEW ORLEANS LA 70115

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

Name of Employer Occupation  
FAYARD & HONEYCUTT ATTORNEY

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

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

**Transaction ID:** SA11AI.4500

Amount of Each Receipt this Period  
600.00

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

**B.** Full Name (Last, First, Middle Initial)  
FRANCES FAYARD

Mailing Address 5809 ST. CHARLES AVE

City State Zip Code  
NEW ORLEANS LA 70115

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

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

**Transaction ID:** SA11AI.4491

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
FRANCES FAYARD

Mailing Address 5809 ST. CHARLES AVE

City State Zip Code  
NEW ORLEANS LA 70115

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 2 9 / 2 0 0 8

**Transaction ID:** SA11AI.4551

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1600.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 39  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HELENA MORENO FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
PAUL H FLOWER

Mailing Address 1476 CALHOUN ST

City State Zip Code  
NEW ORLEANS LA 70118

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

Name of Employer Occupation  
CARL E WOODWARD INC. PRES/CEO

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 13 / 2008

Transaction ID: SA11AI.4590

Amount of Each Receipt this Period  
1000.00

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

**B.**

Full Name (Last, First, Middle Initial)  
FQRV MANAGEMENT, LLC

Mailing Address 500 NORTH CLAIBORNE AVE

City State Zip Code  
NEW ORLEANS LA 70112

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

Name of Employer Occupation  
FQRV MANAGEMENT, LLC REAL ESTATE

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 20 / 2008

Transaction ID: SA11AI.4425

Amount of Each Receipt this Period  
500.00

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

**C.**

Full Name (Last, First, Middle Initial)  
MAC BAUER

Mailing Address 500 NORTH CLAIBORNE AVE

City State Zip Code  
NEW ORLEANS LA 70112

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

Name of Employer Occupation  
FQRV MANAGEMENT, LLC REAL ESTATE

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 20 / 2008

Transaction ID: SA11AI.4425.0

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 39

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HELENA MORENO FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
CHRISTOPHER FRANSEN

Mailing Address 814 HOWARD AVE

City State Zip Code  
NEW ORLEANS LA 70113

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

Name of Employer Occupation  
FRANSEN & HARDIN ATTORNEY

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.4554

Amount of Each Receipt this Period

250.00

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

**B.**

Full Name (Last, First, Middle Initial)  
LOUIS FREEMAN

Mailing Address 6028 MAGAZINE ST

City State Zip Code  
NEW ORLEANS LA 70118

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.4567

Amount of Each Receipt this Period

1000.00

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

**C.**

Full Name (Last, First, Middle Initial)  
RICHARD W FREEMAN

Mailing Address P.O. BOX 13218

City State Zip Code  
NEW ORLEANS LA 70185

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

Name of Employer Occupation  
SELF BUSINESS

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.4434

Amount of Each Receipt this Period

500.00

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

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

1750.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 39  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HELENA MORENO FOR CONGRESS**

**A.**

Full Name (Last, First, Middle Initial) <b>JOSEPH H GEORGUSIS</b>		Date of Receipt MM / DD / YYYY <b>08 / 21 / 2008</b>
Mailing Address <b>3431 N CAUSEWAY BLVD SUITE 802</b>		<b>Transaction ID: SA11AI.4418</b>
City <b>METAIRIE</b>	State <b>LA</b>	Zip Code <b>70002</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>2300.00</b>
Name of Employer <b>SELF</b>	Occupation <b>INVESTMENTS</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>2300.00</b>	

**B.**

Full Name (Last, First, Middle Initial) <b>JUAN GERSHANIK</b>		Date of Receipt MM / DD / YYYY <b>09 / 09 / 2008</b>
Mailing Address <b>1303 HENRY CLAY AVENUE</b>		<b>Transaction ID: SA11AI.4577</b>
City <b>NEW ORLEANS</b>	State <b>LA</b>	Zip Code <b>70118</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>500.00</b>
Name of Employer <b>NEONATAL MEDICAL GROUP</b>	Occupation <b>M.D.</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>500.00</b>	

**C.**

Full Name (Last, First, Middle Initial) <b>GREENBERG &amp; LAPEYRONNIE, LLC</b>		Date of Receipt MM / DD / YYYY <b>09 / 09 / 2008</b>
Mailing Address <b>848 SECOND STREET SUITE 200</b>		<b>Transaction ID: SA11AI.4571</b>
City <b>GRETNA</b>	State <b>LA</b>	Zip Code <b>70053</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>500.00</b>
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>500.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3300.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
HELENA MORENO FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) DAVID GREENBERG	Date of Receipt MM / DD / YYYY 09 / 09 / 2008
	Mailing Address 848 SECOND STREET SUITE 200	<b>Transaction ID:</b> SA11AI.4571.0
	City State Zip Code GRETNA LA 70053	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <b>[MEMO ITEM]</b>
	Name of Employer Occupation ATTORNEY PARTNER	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MICHAEL D HAROLD	Date of Receipt MM / DD / YYYY 08 / 28 / 2008
	Mailing Address 1100 POYDRAS ST	<b>Transaction ID:</b> SA11AI.4515
	City State Zip Code NEW ORLEANS LA 70130	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation SIMON, PERAGINE, SMITH, REDFEA ATTORNEY	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) CHRISTIAN HOOPER	Date of Receipt MM / DD / YYYY 08 / 20 / 2008
	Mailing Address 5700 ST. CHARLES AVE	<b>Transaction ID:</b> SA11AI.4423
	City State Zip Code NEW ORLEANS LA 70115	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation AUDUBON PROPERTIES OF N.O. PARTNER	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 39  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HELENA MORENO FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
HOUMA JET CENTER, LLC

Mailing Address P.O. BOX 133

City State Zip Code  
HOUMA LA 70361

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 0 8

**Transaction ID:** SA11AI.4466

Amount of Each Receipt this Period  
2300.00

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

**B.**

Full Name (Last, First, Middle Initial)  
DUKE WILLIAMS

Mailing Address P.O. BOX 133

City State Zip Code  
HOUMA LA 70361

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

Name of Employer Occupation  
HOUMA JET CENTER, LLC PARTNER

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 0 8

**Transaction ID:** SA11AI.4466.0

Amount of Each Receipt this Period  
2300.00

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

**C.**

Full Name (Last, First, Middle Initial)  
ALLAN KANNER

Mailing Address 1550 DUFOSSAT STREET

City State Zip Code  
NEW ORLEANS LA 70115

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

Name of Employer Occupation  
SELF ATTORNEY

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

**Transaction ID:** SA11AI.4445

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3300.00**

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

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

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

FOR LINE NUMBER: PAGE 18 / 39  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
HELENA MORENO FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
ALLAN KANNER

Mailing Address 1550 DUFOSSAT STREET

City State Zip Code  
NEW ORLEANS LA 70115

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

Name of Employer SELF Occupation ATTORNEY

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	2	/	2	0	0	8

**Transaction ID:** SA11AI.4447

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
WILLIAM J KEARNEY, IV

Mailing Address 701 EDWARDS AVE

City State Zip Code  
HARAHAN LA 70123

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

Name of Employer DOLPHIN MARINE INTERNATIONAL Occupation PRESIDENT

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2300.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	5	/	2	0	0	8

**Transaction ID:** SA11AI.4464

Amount of Each Receipt this Period  
2300.00

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

**C.** Full Name (Last, First, Middle Initial)  
RUSSELL C KLEIN

Mailing Address 1311 VALMONT ST

City State Zip Code  
NEW ORLEANS LA 70115

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

Name of Employer MCGLINCHY, STAFFORD ATTN Y Occupation MGR PARTNER

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt  

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

**Transaction ID:** SA11AI.4415

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4300.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 39  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HELENA MORENO FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial) CHARLES LAVIS, JR		Date of Receipt MM / DD / YYYY 08 / 22 / 2008
Mailing Address 405 METAIRIE LAWN DR		Transaction ID: SA11AI.4438
City METAIRIE	State LA	Zip Code 70001
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer LAVIS LAW	Occupation ATTORNEY	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

**B.**

Full Name (Last, First, Middle Initial) CHARLES LAVIS, JR		Date of Receipt MM / DD / YYYY 08 / 22 / 2008
Mailing Address 405 METAIRIE LAWN DR		Transaction ID: SA11AI.4440
City METAIRIE	State LA	Zip Code 70001
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer LAVIS LAW	Occupation ATTORNEY	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 700.00	

**C.**

Full Name (Last, First, Middle Initial) LOUISIANA ENTERTAINMENT AND PRODUCTION, LLC		Date of Receipt MM / DD / YYYY 08 / 22 / 2008
Mailing Address 1100 POYDRAS STREET SUITE 2810		Transaction ID: SA11AI.4450
City NEW ORLEANS	State LA	Zip Code 70163-2810
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 800.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
HELENA MORENO FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) PATRICK CALHOUN	Date of Receipt MM / DD / YYYY 08 / 22 / 2008
	Mailing Address 1100 POYDRAS ST SUITE 2810	<b>Transaction ID:</b> SA11AI.4450.0
	City State Zip Code NEW ORLEANS LA 70163	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <b>[MEMO ITEM]</b>
	Name of Employer Occupation LA ENTERTAINMENT & PRODUCTION PARTNER	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 800.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) KIM C PERROT	Date of Receipt MM / DD / YYYY 08 / 28 / 2008
	Mailing Address 1800 N. CUMBERLAND	<b>Transaction ID:</b> SA11AI.4489
	City State Zip Code METAIRIE LA 70003	Amount of Each Receipt this Period 2300.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation SELF CONSULTANT	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) HORST PFEIFER	Date of Receipt MM / DD / YYYY 08 / 26 / 2008
	Mailing Address 333 ST. JOSEPH	<b>Transaction ID:</b> SA11AI.4631
	City State Zip Code NEW ORLEANS LA 70130	Amount of Each Receipt this Period 2300.00
	FEC ID number of contributing federal political committee. C	In-kind - FOOD AND DRINK COSTS <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation BELLA LUNA CATERING CO-OWNER	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 21 / 39  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
HELENA MORENO FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
KAREN PFEIFER

Mailing Address 333 ST. JOSEPH

City State Zip Code  
NEW ORLEANS LA 70130

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

Name of Employer Occupation  
BELLA LUNA CATERING CO-OWNER

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

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

**Transaction ID:** SA11AI.4634

Amount of Each Receipt this Period  
2300.00

In-kind - FOOD AND DRINK COSTS  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
WILLIAM PRIEUR

Mailing Address 1415 HARMONY ST

City State Zip Code  
NEW ORLEANS LA 70115

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

Name of Employer Occupation  
WHITNEY BANK BANKER

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

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

**Transaction ID:** SA11AI.4436

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
LAURA DEGEURIN ROBERTSON

Mailing Address 4535 WEST ALABAMA

City State Zip Code  
HOUSTON TX 77027

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

Name of Employer Occupation  
FOREMAN, DEGEURIN AND NUG-ENT LAWYER

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 2 9 / 2 0 0 8

**Transaction ID:** SA11AI.4543

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3300.00**

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

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

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

FOR LINE NUMBER: PAGE 22 / 39  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
HELENA MORENO FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
JERRY E ROMIG, JR  
Mailing Address 5800 AIRLINE DR  
City METAIRIE State LA Zip Code 70003  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NEW ORLEANS SAINTS Occupation SUPPORT MANAGER  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00  
Date of Receipt 08 / 28 / 2008  
Transaction ID: SA11AI.4517  
Amount of Each Receipt this Period 250.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
SHG CONSULTING, LLC  
Mailing Address 700 S PETERS ST #215  
City NEW ORLEANS State LA Zip Code 70130  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00  
Date of Receipt 08 / 28 / 2008  
Transaction ID: SA11AI.4494  
Amount of Each Receipt this Period 500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
ELIZABETH GIBSON  
Mailing Address 700 S PETERS ST #215  
City NEW ORLEANS State LA Zip Code 70130  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SHG CONSULTING, LLC Occupation CEO  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00  
Date of Receipt 08 / 28 / 2008  
Transaction ID: SA11AI.4494.0  
Amount of Each Receipt this Period 500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 750.00  
**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 39  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
HELENA MORENO FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
FRANCES STALL SMITH

Mailing Address 1133 CHARTRES STREET

City State Zip Code  
NEW ORLEANS LA 70116

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

Name of Employer Occupation  
SONIAT HOUSE HOTEL OWNER

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
08 / 29 / 2008

**Transaction ID:** SA11AI.4539

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
MARK G STARRING

Mailing Address 117 CLEARVIEW PKWY

City State Zip Code  
METAIRIE LA 70001

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

Name of Employer Occupation  
STARRING & ASSOCIATES PRESIDENT

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
09 / 09 / 2008

**Transaction ID:** SA11AI.4569

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
RAVI SURIA

Mailing Address 111 WEST 67TH STREET #38E

City State Zip Code  
NEW YORK NY 10023

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

Name of Employer Occupation  
SELF PORTFOLIO MANAGER

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
09 / 09 / 2008

**Transaction ID:** SA11AI.4581

Amount of Each Receipt this Period  
2300.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3300.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 39  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HELENA MORENO FOR CONGRESS**

**A.**

Full Name (Last, First, Middle Initial)  
MURRAY VALENE

Mailing Address P.O. BOX 3308

City State Zip Code  
**NEW ORLEANS LA 70177**

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

Name of Employer Occupation  
ACE BAYOU CORP PRESIDENT

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
**08 / 22 / 2008**

**Transaction ID: SA11AI.4431**

Amount of Each Receipt this Period  
**2300.00**

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

**B.**

Full Name (Last, First, Middle Initial)  
SUSAN VILLERE

Mailing Address 200 TCHEFUNCTE OAKS

City State Zip Code  
**MANDEVILLE LA 70471**

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

Name of Employer Occupation  
ALLEN VILLERE PARTNERS EXECUTIVE

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
**08 / 28 / 2008**

**Transaction ID: SA11AI.4519**

Amount of Each Receipt this Period  
**2000.00**

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

**C.**

Full Name (Last, First, Middle Initial)  
KATHERINE SPARROW VOEKER

Mailing Address 650 POYDRAS ST #2830

City State Zip Code  
**NEW ORLEANS LA 70130**

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

Name of Employer Occupation  
FRANTZEN VOELKER INVESTMENTS INVESTMENTS

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
**08 / 28 / 2008**

**Transaction ID: SA11AI.4481**

Amount of Each Receipt this Period  
**1700.00**

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6000.00**

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
HELENA MORENO FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) AUDREY ELIZABETH VOELKER	Date of Receipt MM / DD / YYYY 08 / 28 / 2008
	Mailing Address 650 POYDRAS ST #2830	<b>Transaction ID:</b> SA11AI.4479
	City State Zip Code NEW ORLEANS LA 70130	Amount of Each Receipt this Period 1700.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer: FRANTZEN VOELKER INVESTMENTS Occupation: INVESTMENTS Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1700.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MULLADY ANN VOELKER	Date of Receipt MM / DD / YYYY 08 / 28 / 2008
	Mailing Address 650 POYDRAS ST #2830	<b>Transaction ID:</b> SA11AI.4477
	City State Zip Code NEW ORLEANS LA 70130	Amount of Each Receipt this Period 1600.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer: FRANTZEN VOELKER INVESTMENTS Occupation: INVESTMENTS Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1600.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) BENJAMIN WARREN	Date of Receipt MM / DD / YYYY 09 / 09 / 2008
	Mailing Address 109 NORTH POST OAK LANE SUITE 410	<b>Transaction ID:</b> SA11AI.4575
	City State Zip Code HOUSTON TX 77024	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer: ITC TRADING COMPANY LTD. Occupation: PRESIDENT Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4300.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 39  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
HELENA MORENO FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
RICHARD H WILLIAMS

Mailing Address 1537 SIXTH STREET

City State Zip Code  
NEW ORLEANS LA 70115

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

Name of Employer Occupation  
BEST EFFORTS BEST EFFORTS

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

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

**Transaction ID:** SA11AI.4483

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
ANDREW WISDOM

Mailing Address 909 POYDRAS STREET, SUITE 1850

City State Zip Code  
NEW ORLEANS LA 70112

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

Name of Employer Occupation  
EQUITAS FUND MANAGER

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

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

**Transaction ID:** SA11AI.4448

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
SUZANNE LACEY WISDOM

Mailing Address 1115 HENRY CLAY AVE

City State Zip Code  
NEW ORLEANS LA 70118

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

Name of Employer Occupation  
HOMEMAKER

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

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

**Transaction ID:** SA11AI.4433

Amount of Each Receipt this Period  
100.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1600.00**

**TOTAL** This Period (last page this line number only) ..... ► **59350.00**

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 39  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HELENA MORENO FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
MC GLINCHEY STAFFORD PAC

Mailing Address 643 MAGAZINE STREET

City State Zip Code  
NEW ORLEANS LA 70130

FEC ID number of contributing federal political committee. **C** C00168120

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

Transaction ID: SA11C.4444

Amount of Each Receipt this Period  
2000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	2000.00

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
HELENA MORENO FOR CONGRESS

<b>A.</b> Full Name (Last, First, Middle Initial) ACTBLUE <hr/> Mailing Address P.O. BOX 382110 <hr/> City CAMBRIDGE State MA Zip Code 02238-2110 <hr/> Purpose of Disbursement CREDIT CARD FEES Candidate Name HELENA MORENO FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 02 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4561 Date of Disbursement 08 / 29 / 2008
	Amount of Each Disbursement this Period 126.43
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type 001
<b>B.</b> Full Name (Last, First, Middle Initial) ACTBLUE <hr/> Mailing Address P.O. BOX 382110 <hr/> City CAMBRIDGE State MA Zip Code 02238-2110 <hr/> Purpose of Disbursement CREDIT CARD FEES Candidate Name HELENA MORENO FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 02 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4587 Date of Disbursement 09 / 09 / 2008
	Amount of Each Disbursement this Period 171.83
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type 001
<b>C.</b> Full Name (Last, First, Middle Initial) AF COMMUNICATIONS <hr/> Mailing Address 714 FERN STREET <hr/> City NEW ORLEANS State LA Zip Code 70118 <hr/> Purpose of Disbursement CONSULTING Candidate Name HELENA MORENO FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 02 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4610 Date of Disbursement 08 / 29 / 2008
	Amount of Each Disbursement this Period 1250.00
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type 001

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

1548.26

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HELENA MORENO FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) ARTVERTISING, INC	Transaction ID: SB17.4599
	Mailing Address 1911 MAGAZINE ST	Date of Disbursement 08 / 27 / 2008
	City NEW ORLEANS State LA Zip Code 70130	Amount of Each Disbursement this Period 5261.98
	Purpose of Disbursement SIGNS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name HELENA MORENO FOR CONGRESS	Category/ Type 003
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BABIAK BOSWELL	Transaction ID: SB17.4630
	Mailing Address 1032 CHARTRES STREET	Date of Disbursement 08 / 27 / 2008
	City NEW ORLEANS State LA Zip Code 70116	Amount of Each Disbursement this Period 2300.00
	Purpose of Disbursement In-kind - FOOD AND DRINK COSTS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) SCOTT BOSWELL	Transaction ID: SB17.4627
	Mailing Address 1032 CHARTRES STREET	Date of Disbursement 08 / 27 / 2008
	City NEW ORLEANS State LA Zip Code 70116	Amount of Each Disbursement this Period 2300.00
	Purpose of Disbursement In-kind - FOOD AND DRINK COSTS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>9861.98</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
HELENA MORENO FOR CONGRESS

<p><b>A.</b> Full Name (Last, First, Middle Initial) BUISSON CREATIVE STRATEGIES</p> <p>Mailing Address 3330 N CAUSEWAY BLVD</p> <p>City METAIRIE State LA Zip Code 70002</p> <p>Purpose of Disbursement PRODUCTION COSTS</p> <p>Candidate Name HELENA MORENO FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 02</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.4598</p> <p>Date of Disbursement 08 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 20000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) BUISSON CREATIVE STRATEGIES</p> <p>Mailing Address 3330 N CAUSEWAY BLVD</p> <p>City METAIRIE State LA Zip Code 70002</p> <p>Purpose of Disbursement COMMISSIONS</p> <p>Candidate Name HELENA MORENO FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 02</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.4606</p> <p>Date of Disbursement 08 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 1799.15</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) NOEL CASSANOVA</p> <p>Mailing Address 4744 BIENVILLE ST</p> <p>City NEW ORLEANS State LA Zip Code 70119</p> <p>Purpose of Disbursement SIGNS</p> <p>Candidate Name HELENA MORENO FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 02</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.4623</p> <p>Date of Disbursement 08 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 300.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

22099.15

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HELENA MORENO FOR CONGRESS

<b>A.</b>	<p>Full Name (Last, First, Middle Initial) <b>COX CABLE</b></p> <p>Mailing Address <b>1250 POYDRAS ST SUITE 1000</b></p> <p>City <b>NEW ORLEANS</b> State <b>LA</b> Zip Code <b>70113</b></p> <p>Purpose of Disbursement <b>TELEVISION</b></p> <p>Candidate Name <b>HELENA MORENO FOR CONGRESS</b></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>LA</b> District: <b>02</b></p> <p>Disbursement For: <b>2008</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.4604</p> <p>Date of Disbursement 08 / 28 / 2008</p>	<p>Amount of Each Disbursement this Period <b>740.35</b></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<b>B.</b>	<p>Full Name (Last, First, Middle Initial) <b>FIRST BANK &amp; TRUST</b></p> <p>Mailing Address <b>PO BOX 60007</b></p> <p>City <b>NEW ORLEANS</b> State <b>LA</b> Zip Code <b>70160</b></p> <p>Purpose of Disbursement <b>BANK CHARGES</b></p> <p>Candidate Name <b>HELENA MORENO FOR CONGRESS</b></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>LA</b> District: <b>02</b></p> <p>Disbursement For: <b>2008</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.4612</p> <p>Date of Disbursement 08 / 31 / 2008</p>	<p>Amount of Each Disbursement this Period <b>500.00</b></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<b>C.</b>	<p>Full Name (Last, First, Middle Initial) <b>FORUM FOR EQUALITY</b></p> <p>Mailing Address <b>336 LAFAYETTE ST #200</b></p> <p>City <b>NEW ORLEANS</b> State <b>LA</b> Zip Code <b>70130</b></p> <p>Purpose of Disbursement <b>MEALS AND DINNERS</b></p> <p>Candidate Name <b>HELENA MORENO FOR CONGRESS</b></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>LA</b> District: <b>02</b></p> <p>Disbursement For: <b>2008</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.4621</p> <p>Date of Disbursement 09 / 13 / 2008</p>	<p>Amount of Each Disbursement this Period <b>300.00</b></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

**1540.35**

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HELENA MORENO FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) SAND FRADELLA	Transaction ID: SB17.4607 Date of Disbursement 08 / 29 / 2008
	Mailing Address 3400 SQUIRE WOOD DR NORTH	Amount of Each Disbursement this Period 2150.00
	City HARVEY State LA Zip Code 70058	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement RENT Candidate Name HELENA MORENO FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 02 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		001 Category/ Type

B.	Full Name (Last, First, Middle Initial) GARRITY PRINTING	Transaction ID: SB17.4595 Date of Disbursement 08 / 20 / 2008
	Mailing Address 109 RESEARCH DR	Amount of Each Disbursement this Period 2022.58
	City HARAHAN State LA Zip Code 70123	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement PRINTING Candidate Name HELENA MORENO FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 02 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		003 Category/ Type

C.	Full Name (Last, First, Middle Initial) GARRITY PRINTING	Transaction ID: SB17.4619 Date of Disbursement 09 / 09 / 2008
	Mailing Address 109 RESEARCH DR	Amount of Each Disbursement this Period 1249.64
	City HARAHAN State LA Zip Code 70123	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement PRINTING Candidate Name HELENA MORENO FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 02 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		003 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5422.22
<b>TOTAL</b> This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HELENA MORENO FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) GEOFFREY GREEN	<b>Transaction ID:</b> SB17.4609	
	Mailing Address 152 GARNDE MAISON BLVD	Date of Disbursement 08 / 29 / 2008	
	City MANDEVILLE State LA Zip Code 70471	Amount of Each Disbursement this Period 1250.00	
	Purpose of Disbursement CONSULTING	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
	Candidate Name HELENA MORENO FOR CONGRESS	Category/ Type 001	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: LA District: 02		
<b>B.</b>	Full Name (Last, First, Middle Initial) HACIENDA WORKS	<b>Transaction ID:</b> SB17.4596	
	Mailing Address 418 PELICAN SUITE H	Date of Disbursement 08 / 22 / 2008	
	City NEW ORLEANS State LA Zip Code 70114	Amount of Each Disbursement this Period 450.00	
	Purpose of Disbursement SIGN LABOR	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
	Candidate Name HELENA MORENO FOR CONGRESS	Category/ Type 003	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: LA District: 02		
<b>C.</b>	Full Name (Last, First, Middle Initial) HACIENDA WORKS	<b>Transaction ID:</b> SB17.4600	
	Mailing Address 418 PELICAN SUITE H	Date of Disbursement 08 / 28 / 2008	
	City NEW ORLEANS State LA Zip Code 70114	Amount of Each Disbursement this Period 1050.00	
	Purpose of Disbursement SIGN LABOR	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
	Candidate Name HELENA MORENO FOR CONGRESS	Category/ Type 003	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: LA District: 02		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
HELENA MORENO FOR CONGRESS

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) JONESCO MEDIA</p> <p>Mailing Address 201 ST. CHARLES AVE SUITE 114-275</p> <p>City NEW ORLEANS State LA Zip Code 70170</p> <p>Purpose of Disbursement CONSULTING</p> <p>Candidate Name HELENA MORENO FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 02</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.4620 <b>Date of Disbursement</b> 09 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 1375.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) LAUREL NEW ORLEANS</p> <p>Mailing Address 5809 CITRUS BLVD SUITE 200</p> <p>City NEW ORLEANS State LA Zip Code 70123</p> <p>Purpose of Disbursement BILLBOARD</p> <p>Candidate Name HELENA MORENO FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 02</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.4592 <b>Date of Disbursement</b> 08 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 3421.25</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) MR. MUDBUG</p> <p>Mailing Address 131 23RD ST</p> <p>City KENNER State LA Zip Code 70062</p> <p>Purpose of Disbursement FUNDRAISING COSTS</p> <p>Candidate Name HELENA MORENO FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 02</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.4618 <b>Date of Disbursement</b> 09 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 450.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>5246.25</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
HELENA MORENO FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
OFFICE DEPOT

Transaction ID: SB17.4617  
Date of Disbursement

Mailing Address 1429 ST. CHARLES AVE

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	9		2	0	0	8

City State Zip Code  
NEW ORLEANS LA 70130

Amount of Each Disbursement this Period

160.46
--------

Purpose of Disbursement  
OFFICE SUPPLIES

001
-----

Category/  
Type

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

Candidate Name  
HELENA MORENO FOR CONGRESS

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: LA District: 02

B.

Full Name (Last, First, Middle Initial)  
HORST PFEIFER

Transaction ID: SB17.4633  
Date of Disbursement

Mailing Address 333 ST. JOSEPH

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

City State Zip Code  
NEW ORLEANS LA 70130

Amount of Each Disbursement this Period

2300.00
---------

Purpose of Disbursement  
In-kind - FOOD AND DRINK COSTS

--

Category/  
Type

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

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
KAREN PFEIFER

Transaction ID: SB17.4636  
Date of Disbursement

Mailing Address 333 ST. JOSEPH

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

City State Zip Code  
NEW ORLEANS LA 70130

Amount of Each Disbursement this Period

2300.00
---------

Purpose of Disbursement  
In-kind - FOOD AND DRINK COSTS

--

Category/  
Type

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

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

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

4760.46
---------

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
HELENA MORENO FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
ROYAL SALES COMPANY

Mailing Address PO BOX 23773

City HARAHAN State LA Zip Code 70183

Purpose of Disbursement  
PRINTING

Candidate Name  
HELENA MORENO FOR CONGRESS

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: LA District: 02

Transaction ID: SB17.4594  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	0		2	0	0	8

Amount of Each Disbursement this Period

1960.36
---------

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

B.

Full Name (Last, First, Middle Initial)  
SCRIPTURA

Mailing Address 5423 MAGAZINE ST

City NEW ORLEANS State LA Zip Code 70115

Purpose of Disbursement  
PRINTING

Candidate Name  
HELENA MORENO FOR CONGRESS

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: LA District: 02

Transaction ID: SB17.4614  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	9		2	0	0	8

Amount of Each Disbursement this Period

297.03
--------

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

C.

Full Name (Last, First, Middle Initial)  
WDSU-TV

Mailing Address 846 HOWARD AVE

City NEW ORLEANS State LA Zip Code 70113

Purpose of Disbursement  
TELEVISION

Candidate Name  
HELENA MORENO FOR CONGRESS

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: LA District: 02

Transaction ID: SB17.4603  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	0	8

Amount of Each Disbursement this Period

1462.00
---------

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

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

3719.39
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TOTAL This Period (last page this line number only) .....

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 37 / 39

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

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NAME OF COMMITTEE (In Full)  
HELENA MORENO FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
WVUE TV

Mailing Address 1025 JEFFERSON DAVIS PKWY

City State Zip Code  
NEW ORLEANS LA 70125

Purpose of Disbursement  
TELEVISION

Candidate Name  
HELENA MORENO FOR CONGRESS

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: LA District: 02

Transaction ID: SB17.4601

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

**B.**

Full Name (Last, First, Middle Initial)  
WWL TV

Mailing Address 1024 RAMPART ST

City State Zip Code  
NEW ORLEANS LA 70116

Purpose of Disbursement  
TELEVISION

Candidate Name  
HELENA MORENO FOR CONGRESS

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: LA District: 02

Transaction ID: SB17.4602

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

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

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

# SCHEDULE C (FEC Form 3)

## LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 38 / 39
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)  
HELENA MORENO FOR CONGRESS

**Transaction ID: SC/10.4157**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) HELENA MORENO FOR CONGRESS - [PERSONAL FUNDS]	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 58800	
City NEW ORLEANS State LA ZIP Code 70158	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
500.00	0.00	500.00

**TERMS**

Date Incurred MM DD YY YY 05 30 2008	Date Due DEMAND	Interest Rate 0.0000 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	500.00
<b>TOTALS</b> This Period (last page in this line only) .....	.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**

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

FOR LINE NUMBER:  
(check only one)  13a  
 13b

**LOANS**

NAME OF COMMITTEE (In Full)  
HELENA MORENO FOR CONGRESS

Transaction ID: SC/10.4383

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
HELENA MORENO

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address 547 BARONNE ST

City NEW ORLEANS State LA ZIP Code 70113

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	0.00	50000.00

**TERMS**

Date Incurred: MM DD YY YY 08 11 2008 Date Due: 11/09/2008 Interest Rate: 7.00 % (apr) Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional) .....	50000.00
<b>TOTALS</b> This Period (last page in this line only) .....	50500.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.