

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
KAREN CARTER FOR CONGRESS

ADDRESS (number and street) 1215 PRYTANIA ST SUITE 364A
 Check if different than previously reported. (ACC)
NEW ORLEANS LA 70130

2. **FEC IDENTIFICATION NUMBER** C00427807
CITY STATE ZIP CODE STATE DISTRICT
NEW ORLEANS LA 70130 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 11 07 2006 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 10 01 2006 through 10 18 2006

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 Ken Carter
Signature of Treasurer Electronically Filed by Ken Carter Date 07 15 2008

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

KAREN CARTER FOR CONGRESS

Report Covering the Period:

From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

To:

M	M
1	0

D	D
1	8

Y	Y	Y	Y
2	0	0	6

	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)).....	55484.70	382647.20
(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)).....	55484.70	382647.20
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	225344.45	317308.93
(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)).....	225344.45	317308.93
8. Cash on Hand at Close of Reporting Period (from Line 27).....	55338.27	
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).....	900.00	

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
KAREN CARTER FOR CONGRESS

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	0

D	D
1	8

Y	Y	Y	Y
2	0	0	6

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees	46611.93	349644.43
(i) Itemized (use Schedule A).....	7772.77	10902.77
(ii) Unitemized.....	54384.70	360547.20
(iii) TOTAL of contributions from individuals..... ▶	0.00	1000.00
(b) Political Party Committees.....	1100.00	21100.00
(c) Other Political Committees (such as PACS).....	0.00	0.00
(d) The Candidate.....	55484.70	382647.20
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	55484.70	382647.20

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	225344.45	317308.93
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	10000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	225344.45	327308.93

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	225198.02
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	55484.70
25. SUBTOTAL (add Line 23 and Line 24).....	280682.72
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	225344.45
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	55338.27

**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 / 43
	<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)
KAREN CARTER FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Cherri Moody Ainsworth		Date of Receipt
	Mailing Address 17 Neron PI		<input type="checkbox"/> 10 / <input type="checkbox"/> 07 / <input type="checkbox"/> 2006
	City	State	Zip Code
	New Orleans	LA	70118
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4650
Name of Employer Ainsworth		Occupation teacher	Amount of Each Receipt this Period
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
		<input type="checkbox"/> 500.00	<input type="checkbox"/> 500.00

B.	Full Name (Last, First, Middle Initial) Jonathan B. Andry		Date of Receipt
	Mailing Address 610 Baronne St.		<input type="checkbox"/> 10 / <input type="checkbox"/> 17 / <input type="checkbox"/> 2006
	City	State	Zip Code
	New Orleans	LA	70113
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4652
Name of Employer Andry Law Firm		Occupation atty.	Amount of Each Receipt this Period
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
		<input type="checkbox"/> 2100.00	<input type="checkbox"/> 2100.00

C.	Full Name (Last, First, Middle Initial) Jonathan B. Andry		Date of Receipt
	Mailing Address 610 Baronne St.		<input type="checkbox"/> 10 / <input type="checkbox"/> 17 / <input type="checkbox"/> 2006
	City	State	Zip Code
	New Orleans	LA	70113
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4653
Name of Employer Andry Law Firm		Occupation atty.	Amount of Each Receipt this Period
Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff		Election Cycle-to-Date ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
		<input type="checkbox"/> 2500.00	<input type="checkbox"/> 400.00

SUBTOTAL of Receipts This Page (optional)	<input type="checkbox"/> 3000.00
TOTAL This Period (last page this line number only)	<input type="checkbox"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 43
(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)
KAREN CARTER FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Glenn J. Armentor		Date of Receipt
	Mailing Address 300 Stewart St.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 0 2 / 2 0 0 6
	City	State	Zip Code
	Lafayette	LA	70501
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4655
Name of Employer self		Occupation	Amount of Each Receipt this Period
self		atty.	<input type="text"/> 1000.00
Receipt For: 2006		Election Cycle-to-Date ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text"/> 1000.00		
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Glenn J. Armentor		Date of Receipt
	Mailing Address 300 Stewart St.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 0 9 / 2 0 0 6
	City	State	Zip Code
	Lafayette	LA	70501
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4656
Name of Employer self		Occupation	Amount of Each Receipt this Period
self		atty.	<input type="text"/> 1100.00
Receipt For: 2006		Election Cycle-to-Date ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text"/> 2100.00		
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Jack M. Bailey, Jr.		Date of Receipt
	Mailing Address 8018 Captain Mary Miller		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 1 6 / 2 0 0 6
	City	State	Zip Code
	Shreveport	LA	71115
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4658
Name of Employer		Occupation	Amount of Each Receipt this Period
Law Offices of Jack Bailey		atty.	<input type="text"/> 2100.00
Receipt For: 2006		Election Cycle-to-Date ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text"/> 2100.00		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 4200.00
TOTAL 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: (check only one)	PAGE 7 / 43
	<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)
KAREN CARTER FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Toye H. Bailey	Date of Receipt MM / DD / YYYY 10 / 16 / 2006
	Mailing Address 2830 Covington Circle	Transaction ID: SA11AI.4660
	City State Zip Code Shreveport LA 71105	Amount of Each Receipt this Period 2100.00
	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 self Occupation homemaker Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2100.00	

B.	Full Name (Last, First, Middle Initial) Dottie Belletto	Date of Receipt MM / DD / YYYY 10 / 11 / 2006
	Mailing Address 3108 Cleary Avenue	Transaction ID: SA11AI.4662
	City State Zip Code Metairie LA 70002	Amount of Each Receipt this Period 250.00
	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 New Orleans Convention Co-pany Occupation CEO Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Raul R. Bencomo	Date of Receipt MM / DD / YYYY 10 / 12 / 2006
	Mailing Address 928 Moss St.	Transaction ID: SA11AI.4664
	City State Zip Code New Orleans LA 70119	Amount of Each Receipt this Period 2100.00
	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 Bencomo & Assocs. Occupation atty. Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2100.00	

SUBTOTAL of Receipts This Page (optional)	▶	4450.00
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 8 / 43
	<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)
KAREN CARTER FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Rafael Bermudez		Date of Receipt MM / DD / YYYY 10 / 09 / 2006
	Mailing Address 7633 Old Sturbridge Ln.		Transaction ID: SA11AI.4666
	City Baton Rouge	State LA	Zip Code 70806
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Rafael Bermudez & Association		Occupation Public Relations	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

B.	Full Name (Last, First, Middle Initial) Marie M. Bickham		Date of Receipt MM / DD / YYYY 10 / 10 / 2006
	Mailing Address 2222 Canal St.		Transaction ID: SA11AI.4668
	City New Orleans	State LA	Zip Code 70119
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Requested - Letter 01/21/08		Occupation Requested - Letter 01/21/08	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

C.	Full Name (Last, First, Middle Initial) BP CORPORATION NORTH AMERICA INC. POLITICAL ACTION COMMITTEE		Date of Receipt MM / DD / YYYY 10 / 02 / 2006
	Mailing Address 4101 Winfield Road - 106D Mail Code 5N		Transaction ID: SA11AI.4670
	City Warrenville	State IL	Zip Code 60555
	FEC ID number of contributing federal political committee. C C00060103		Amount of Each Receipt this Period 1000.00
Name of Employer		Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

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: (check only one)	PAGE 9 / 43
	<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)
KAREN CARTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Ralph Brennan

Mailing Address 550 Bienville

City State Zip Code
New Orleans LA 70130

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

Name of Employer: Ralph Brennan Restaurant Group
Occupation: owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1247.55

Date of Receipt: 10 / 01 / 2006
Transaction ID: SA11AI.4675
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)
Stephen P. Bruno

Mailing Address 855 Baronne St.

City State Zip Code
New Orleans LA 70113

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

Name of Employer: Bruno & Bruno
Occupation: atty.

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt: 10 / 11 / 2006
Transaction ID: SA11AI.4677
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)
Cheron Brylski

Mailing Address 3418 Coliseum St.

City State Zip Code
New Orleans LA 70118

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

Name of Employer: The Brylski Company
Occupation: Public Relations

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Date of Receipt: 10 / 10 / 2006
Transaction ID: SA11AI.4679
Amount of Each Receipt this Period: 350.00

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

SUBTOTAL of Receipts This Page (optional) ► **3350.00**

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 10 / 43
	<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)
KAREN CARTER FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Angela E. Christophe		Date of Receipt
	Mailing Address 501 Upshur St. NW		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 1 8 / 2 0 0 6
	City	State	Zip Code
	Washinton	DC	20011
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4681
Name of Employer NAPCS		Occupation operations mgt.	Amount of Each Receipt this Period
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 250.00	In-kind - event expenses
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.	Full Name (Last, First, Middle Initial) Willie P. Clark		Date of Receipt
	Mailing Address 5200 Page St.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 1 6 / 2 0 0 6
	City	State	Zip Code
	Marrero	LA	70072
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4683
Name of Employer N/A		Occupation Retired	Amount of Each Receipt this Period
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 250.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.	Full Name (Last, First, Middle Initial) Florance Conway		Date of Receipt
	Mailing Address 2222 Canal St.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 1 3 / 2 0 0 6
	City	State	Zip Code
	New Orleans	LA	70119
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4685
Name of Employer N/A		Occupation Retired	Amount of Each Receipt this Period
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 250.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 750.00
TOTAL 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 11 / 43
(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)
KAREN CARTER FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Lenny Dartez

Mailing Address P.O. Box 3745

City State Zip Code
Lafayette LA 70502

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

Name of Employer Requested Letter 01/21/08 Occupation Requested Letter 01/21/08

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 0 6

Transaction ID: SA11AI.4687

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)
Janyce Degan

Mailing Address 4739 St. Charles Avenue

City State Zip Code
New Orleans LA 70115

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

Name of Employer N/A Occupation Retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 6

Transaction ID: SA11AI.4689

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)
Keith Doley

Mailing Address 1554 N. Broad Street

City State Zip Code
New Orleans LA 70119

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

Name of Employer Keith A. Doley, Attorney Occupation Attorney

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 0 6

Transaction ID: SA11AI.4691

Amount of Each Receipt this Period
300.00

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

SUBTOTAL of Receipts This Page (optional) ► **1800.00**

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 12 / 43
	<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)
KAREN CARTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Kyle M. France

Mailing Address 720 Elise Ave.

City State Zip Code
Metairie LA 70003

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

Name of Employer Occupation
Kehoe France Learning Ctr. director

Receipt For: 2006 Election Cycle-to-Date
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 6

Transaction ID: SA11AI.4693

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)
James J. Frischhertz

Mailing Address POB 19266

City State Zip Code
New Orleans LA 70179

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

Name of Employer Occupation
Frischhertz Electric Co executive

Receipt For: 2006 Election Cycle-to-Date
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 6

Transaction ID: SA11AI.4695

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)
James J. Frischhertz

Mailing Address POB 19266

City State Zip Code
New Orleans LA 70179

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

Name of Employer Occupation
Frischhertz Electric Co executive

Receipt For: 2006 Election Cycle-to-Date
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 6

Transaction ID: SA11AI.4696

Amount of Each Receipt this Period
1100.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **3100.00**

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 / 43
(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)
KAREN CARTER FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Janet Frischhertz

Mailing Address POB 19266

City State Zip Code
New Orleans LA 70179

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

2100.00

Date of Receipt
MM / DD / YYYY
10 / 15 / 2006

Transaction ID: SA11AI.4698

Amount of Each Receipt this Period
2100.00

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

B.

Full Name (Last, First, Middle Initial)
Gainsburgh, Benjamin, David, Meunier & Warshauer, LLC

Mailing Address 1100 Poydras St.

City State Zip Code
New Orleans LA 70163

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt
MM / DD / YYYY
10 / 12 / 2006

Transaction ID: SA11AI.4700

Amount of Each Receipt this Period
1000.00

\$250 partnership share each

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

C.

Full Name (Last, First, Middle Initial)
Gary L. Smith, Jr. Re-election Campaign Fund

Mailing Address 9 Apple Street

City State Zip Code
Norco LA 70079

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt
MM / DD / YYYY
10 / 13 / 2006

Transaction ID: SA11AI.4702

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) ► **3350.00**

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 14 / 43
	<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)
KAREN CARTER FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Jerry Gibbs		Date of Receipt
	Mailing Address 134 W. State St.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 1 / 2 0 0 6
	City	State	Zip Code
	Trenton	NJ	08608
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4704
Name of Employer Mulroy, Licasi & Gibbs		Occupation public relations	Amount of Each Receipt this Period
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 741.93
			In-kind - event expenses
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.	Full Name (Last, First, Middle Initial) Jere R. Glaser		Date of Receipt
	Mailing Address 232 Rue St. Peter		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 9 / 2 0 0 6
	City	State	Zip Code
	Metairie	LA	70005
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4706
Name of Employer Requested Letter 01/21/08		Occupation Requested Letter 01/21/08	Amount of Each Receipt this Period
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" 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)

C.	Full Name (Last, First, Middle Initial) Cheryl Artise Gray		Date of Receipt
	Mailing Address 3433 Joseph St.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 3 / 2 0 0 6
	City	State	Zip Code
	New Orleans	LA	70125
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4708
Name of Employer self		Occupation atty.	Amount of Each Receipt this Period
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 350.00
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1341.93
TOTAL 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 15 / 43
(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)
KAREN CARTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Stephanie Haynes

Mailing Address 119 N. 5th St.

City Alpine State TX Zip Code 79830

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

Name of Employer Requested Letter 01/21/08 Occupation Requested Letter 01/21/08

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 10 / 10 / 2006
Transaction ID: SA11AI.4710
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)
Fred L. Herman

Mailing Address 2222 Canal St.

City New Orleans State LA Zip Code 70119

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

Name of Employer self Occupation atty.

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 10 / 05 / 2006
Transaction ID: SA11AI.4712
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)
Clay F. Holcomb

Mailing Address 11803 River Rd.

City New Orleans State LA Zip Code 70131

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

Name of Employer Requested Letter 01/21/08 Occupation Requested Letter 01/21/08

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt: 10 / 02 / 2006
Transaction ID: SA11AI.4714
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) ► 2500.00

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 16 / 43
	<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)
KAREN CARTER FOR CONGRESS

A.

Full Name (Last, First, Middle Initial) Hunton & Williams		Date of Receipt MM / DD / YYYY 10 / 03 / 2006
Mailing Address 1900 K St. NW		Transaction ID: SA11AI.4716
City Washington	State DC	Zip Code 20006
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Bert Pena partnership share <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) Andrea Arons Huseman		Date of Receipt MM / DD / YYYY 10 / 11 / 2006
Mailing Address 3 Richmond PI		Transaction ID: SA11AI.4718
City New Orleans	State LA	Zip Code 70115
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Requested Letter 01/21/08	Occupation Requested Letter 01/21/08	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) John Breaux Committee		Date of Receipt MM / DD / YYYY 10 / 12 / 2006
Mailing Address 2044 Lake Hills Pkwy.		Transaction ID: SA11AI.4674
City Baton Rouge	State LA	Zip Code 70808
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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 17 / 43
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
KAREN CARTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
J. Bennett Johnston
Mailing Address 1317 Merrie Ridge Rd.
City State Zip Code
McLean VA 22101
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Johnston & Associates atty.
Receipt For: 2006 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
500.00
Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 4 / 2 0 0 6
Transaction ID: SA11AI.4720
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)
N. Hunter Johnston
Mailing Address 900 19th St.
City State Zip Code
Washington DC 20005
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Johston & Associates principal
Receipt For: 2006 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
500.00
Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 4 / 2 0 0 6
Transaction ID: SA11AI.4722
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)
Jacob Karno
Mailing Address POB 7811
City State Zip Code
Metairie LA 70010
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Karno Law Firm Attorney
Receipt For: 2006 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
250.00
Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 0 6
Transaction ID: SA11AI.4724
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) ► **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: PAGE 18 / 43
(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)
KAREN CARTER FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Jan Katz

Mailing Address 1671 Robert St.

City State Zip Code
New Orleans LA 70115

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

Name of Employer Occupation
Odgen Museum of Souther Associate Director
Art

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 2 / 2 0 0 6

Transaction ID: SA11AI.4726

Amount of Each Receipt this Period
350.00

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

B.

Full Name (Last, First, Middle Initial)
Charles V. Kehoe, II

Mailing Address 424 Pine St.

City State Zip Code
New Orleans LA 70118

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

Name of Employer Occupation
Real Estate Tax Group principal

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 6

Transaction ID: SA11AI.4728

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)
Donald Kelly

Mailing Address POB

City State Zip Code
Natchitoches LA 71458

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

Name of Employer Occupation
Kelly, Townsend & Thomas Attorney

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼
Runoff

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 0 6

Transaction ID: SA11AI.4729

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) ► **1850.00**

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 / 43
(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)
KAREN CARTER FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Keenan K. Kelly

Mailing Address POB 756

City State Zip Code
Natchitoches LA 71458

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

Name of Employer Kelly Townsend & Thomas Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 0 6

Transaction ID: SA11AI.4731

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)
LAMAR CORPORATION POLITICAL ACTION COMMITTEE (LAMARPAC)

Mailing Address PO BOX 66338

City State Zip Code
BATON ROUGE LA 70896

FEC ID number of contributing federal political committee. **C** C00174599

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 6

Transaction ID: SA11AI.4733

Amount of Each Receipt this Period
500.00

PAC

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

C.

Full Name (Last, First, Middle Initial)
Neil P. Levith

Mailing Address 3131 Harvard Ave.

City State Zip Code
Metairie LA 70011

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

Name of Employer self Occupation atty

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 6

Transaction ID: SA11AI.4735

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) ► **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: PAGE 20 / 43
(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)
KAREN CARTER FOR CONGRESS

A.

Full Name (Last, First, Middle Initial) Beverly Matheny		Date of Receipt MM / DD / YYYY 10 / 09 / 2006
Mailing Address 295 English Turn Dr.		Transaction ID: SA11AI.4737
City New Orleans	State LA	Zip Code 70131
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer N/A	Occupation Homemaker	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 350.00	

B.

Full Name (Last, First, Middle Initial) Charlie McBride		Date of Receipt MM / DD / YYYY 10 / 04 / 2006
Mailing Address 1702 19th St. NW		Transaction ID: SA11AI.4739
City Washington	State DC	Zip Code 20009
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Charlie McBride & Associates	Occupation consultant	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) Alden J. McDonald		Date of Receipt MM / DD / YYYY 10 / 02 / 2006
Mailing Address 2222 Canal St.		Transaction ID: SA11AI.4741
City New Orleans	State LA	Zip Code 70119
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Liberty BAnk & Trust	Occupation CEO	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	1850.00
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 21 / 43
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
KAREN CARTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Phala Mire

Mailing Address 1470 Annunciation St.

City State Zip Code
New Orleans LA 70130

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

Name of Employer Occupation
NOMTC Executive Director

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 6

Transaction ID: SA11AI.4743

Amount of Each Receipt this Period
350.00

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

B. Full Name (Last, First, Middle Initial)
NATIONAL FEDERATION OF BUSINESS AND PROFESSIONAL WOMEN'S CLUBS INC POLITICAL ACTION

Mailing Address 1900 M Street NW Suite 310

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00119545

Name of Employer Occupation

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 0 6

Transaction ID: SA11AI.4672

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Kathleen H. Norman

Mailing Address 3324 St. Phillip

City State Zip Code
New Orleans LA 70119

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

Name of Employer Occupation
H.C. Freight Systems, Inc. Freight Transportation Management

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 0 6

Transaction ID: SA11AI.4745

Amount of Each Receipt this Period
350.00

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

SUBTOTAL of Receipts This Page (optional) ► **1700.00**

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 / 43
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
KAREN CARTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Sherry A. Quirk

Mailing Address 516 Cedar St. NW

City Washington State DC Zip Code 20012

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

Name of Employer Sullivan & Worcester, LLP Occupation atty.

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 10 / 10 / 2006
Transaction ID: SA11AI.4747
 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)
Jabari Ragas

Mailing Address 3052 Behrman Hwy.

City New Orleans State LA Zip Code 70114

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

Name of Employer Ameriprise Financial Occupation Financial Advisor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 10 / 05 / 2006
Transaction ID: SA11AI.4749
 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)
Sridevi Reddy

Mailing Address 6 Bonita Bay Ct

City New Orleans State LA Zip Code 70131

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

Name of Employer Sridevi Reddy MD Occupation Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 10 / 06 / 2006
Transaction ID: SA11AI.4751
 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) ► 2500.00

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 23 / 43
	<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)
KAREN CARTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Julie Sardie

Mailing Address 300 Sage Rd.

City Houston State TX Zip Code 77056

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

Name of Employer Sardie & Associates Occupation owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt 10 / 04 / 2006

Transaction ID: SA11AI.4753

Amount of Each Receipt this Period 350.00

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

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

Mailing Address 147 E. E. St. SE

City Washington State DC Zip Code 20003

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

Name of Employer Van Scoyoc Associates, Inc. Occupation VP

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 10 / 04 / 2006

Transaction ID: SA11AI.4755

Amount of Each Receipt this Period 250.00

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

C. Full Name (Last, First, Middle Initial)
G. Wayne Smith

Mailing Address 3412 P St. NW

City Washington State DC Zip Code 20007

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

Name of Employer Potomac Group Occupation president

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 10 / 04 / 2006

Transaction ID: SA11AI.4757

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) **850.00**

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 / 43
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
KAREN CARTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Joy P. Stockmeyer
Mailing Address 464 Pine St.
City New Orleans State LA Zip Code 70118
FEC ID number of contributing federal political committee. **C**
Name of Employer Real Estate Tax Group Occupation principal
Receipt For: 2006 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt 10 / 10 / 2006
Transaction ID: SA11AI.4759
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)
Dan C. Tate
Mailing Address 700 13th St. NW
City Washington State DC Zip Code 20005
FEC ID number of contributing federal political committee. **C**
Name of Employer Dan Tate, LLC Occupation gov. relations
Receipt For: 2006 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt 10 / 04 / 2006
Transaction ID: SA11AI.4761
Amount of Each Receipt this Period 250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Eric E. Tober
Mailing Address 5 Rosecrest Ave
City Alexandria State VA Zip Code 22301
FEC ID number of contributing federal political committee. **C**
Name of Employer Johnston & Associates Occupation partner
Receipt For: 2006 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt 10 / 04 / 2006
Transaction ID: SA11AI.4763
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 25 / 43
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
KAREN CARTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
William Townsend

Mailing Address POB 756

City State Zip Code
Natchitoches LA 71458

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

Name of Employer Occupation
Kelly, Townsend & Thomas Attorney

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 0 6

Transaction ID: SA11AI.4765

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)
Juanita B. Wade

Mailing Address 4205 New Hampshire Ave., NW

City State Zip Code
Washington DC 20011

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

Name of Employer Occupation
DCED Compact director

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 4 / 2 0 0 6

Transaction ID: SA11AI.4767

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 1908 Division St.

City State Zip Code
Metairie LA 70001

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

Name of Employer Occupation
UPS sales

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 6

Transaction ID: SA11AI.4769

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) ► **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 26 / 43
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
KAREN CARTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Tangeyon S. Wall

Mailing Address 111 Eastview Dr.

City State Zip Code
New Orleans LA 70128

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

Name of Employer Requested Letter 03/25/08 Occupation Requested Letter 03/25/08

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 4 / 2 0 0 6

Transaction ID: SA11AI.4771

Amount of Each Receipt this Period
350.00

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

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

Mailing Address 2744 Pressburg St.

City State Zip Code
New Orleans LA 70122

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

Name of Employer Carter Law Firm Occupation Office Manager

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼
Runoff

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 2 / 2 0 0 6

Transaction ID: SA11AI.4772

Amount of Each Receipt this Period
70.00

luncheon

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

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

Mailing Address 916 N. Gayoso St.

City State Zip Code
New Orleans LA 70119

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

Name of Employer SEIU Occupation Union Organizer

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 6

Transaction ID: SA11AI.4774

Amount of Each Receipt this Period
350.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **770.00**

TOTAL This Period (last page this line number only) ▶ **46611.93**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 43
	(check only one)
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
KAREN CARTER FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Ann Duplessis Campaign

Mailing Address 130 W. Greenbrier

City State Zip Code
New Orleans LA 70128

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Date of Receipt

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

Transaction ID: SA11C.4776

Amount of Each Receipt this Period
350.00

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

B.

Full Name (Last, First, Middle Initial)
Rick Farrar Campaign Fund

Mailing Address 1028 Palmer Chapel

City State Zip Code
Pineville LA 71360

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	0	6

Transaction ID: SA11C.4778

Amount of Each Receipt this Period
750.00

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

SUBTOTAL of Receipts This Page (optional)	1100.00
TOTAL This Period (last page this line number only)	1100.00

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)
KAREN CARTER FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Audio Visual Mart</p> <p>Mailing Address 603 Williams Blvd.</p> <p>City Kenner State LA Zip Code 70062</p> <p>Purpose of Disbursement video projector rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4780</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="272.50"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Jay Banks</p> <p>Mailing Address 3306 Roberts</p> <p>City New Orleans State LA Zip Code 70125</p> <p>Purpose of Disbursement reimbursement for luncheon expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4782</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1426.31"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Andrew Benton</p> <p>Mailing Address 4435 Mimosa St.</p> <p>City Baton Rouge State LA Zip Code 70808</p> <p>Purpose of Disbursement consultant</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4783</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="4333.62"/></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) ▶

6032.43

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)
KAREN CARTER FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Andrew Benton

Mailing Address 4435 Mimosa St.

City Baton Rouge State LA Zip Code 70808

Purpose of Disbursement
consultant

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.4784
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	6

Amount of Each Disbursement this Period

3000.00

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

B.

Full Name (Last, First, Middle Initial)
Bright Moments

Mailing Address 1034 Harmony St.

City New Orleans State LA Zip Code 70115

Purpose of Disbursement
radio buys

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.4785
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	5		2	0	0	6

Amount of Each Disbursement this Period

15005.50

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

C.

Full Name (Last, First, Middle Initial)
Bright Moments

Mailing Address 1034 Harmony St.

City New Orleans State LA Zip Code 70115

Purpose of Disbursement
radio buys

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.4786
Date of Disbursement

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

Amount of Each Disbursement this Period

7500.00

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

SUBTOTAL of Disbursements This Page (optional) ►

25505.50

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)
KAREN CARTER FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Brilliant Corners Research

Mailing Address POB 75705

City Washington State DC Zip Code 20013

Purpose of Disbursement
research

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.4788
Date of Disbursement

10 / 02 / 2006

Amount of Each Disbursement this Period

12333.33

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

B.

Full Name (Last, First, Middle Initial)
KAREN R CARTER

Mailing Address 2222 Canal St.

City NEW ORLEANS State LA Zip Code 70119

Purpose of Disbursement
reimbursement for Women's Luncheon expen

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: LA District: 02

Transaction ID: SB17.4790
Date of Disbursement

10 / 11 / 2006

Amount of Each Disbursement this Period

300.00

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

C.

Full Name (Last, First, Middle Initial)
Carvin/Seder Communications

Mailing Address 57 Neron

City New Orleans State LA Zip Code 70118

Purpose of Disbursement
TV production and media services

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.4791
Date of Disbursement

10 / 05 / 2006

Amount of Each Disbursement this Period

45000.00

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

SUBTOTAL of Disbursements This Page (optional)

57633.33

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)
KAREN CARTER FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Carvin/Seder Communications

Mailing Address 57 Neron

City State Zip Code
New Orleans LA 70118

Purpose of Disbursement
TV buys

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.4792

Date of Disbursement

10 / 11 / 2006

Amount of Each Disbursement this Period

65592.00

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

B.

Full Name (Last, First, Middle Initial)
CBS Outdoor

Mailing Address 955 Central Ave

City State Zip Code
Metairie LA 70001

Purpose of Disbursement
leased billboard space

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.4793

Date of Disbursement

10 / 02 / 2006

Amount of Each Disbursement this Period

15750.00

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

C.

Full Name (Last, First, Middle Initial)
CBS Outdoor

Mailing Address 955 Central Ave

City State Zip Code
Metairie LA 70001

Purpose of Disbursement
billboard leased space

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.4794

Date of Disbursement

10 / 05 / 2006

Amount of Each Disbursement this Period

650.00

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

SUBTOTAL of Disbursements This Page (optional)

81992.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)
KAREN CARTER FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Angela E. Christophe</p> <p>Mailing Address 501 Upshur St. NW</p> <p>City Washinton State DC Zip Code 20011</p> <p>Purpose of Disbursement In-kind - event expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4795</p> <p>Date of Disbursement 10 / 18 / 2006</p> <p>Amount of Each Disbursement this Period 250.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Byron C. Clay</p> <p>Mailing Address 617 Plymouth Dr.</p> <p>City La Place State LA Zip Code 70068</p> <p>Purpose of Disbursement canvassing and sign coordinator</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4796</p> <p>Date of Disbursement 10 / 02 / 2006</p> <p>Amount of Each Disbursement this Period 1200.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Byron C. Clay</p> <p>Mailing Address 617 Plymouth Dr.</p> <p>City La Place State LA Zip Code 70068</p> <p>Purpose of Disbursement canvassing services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4797</p> <p>Date of Disbursement 10 / 06 / 2006</p> <p>Amount of Each Disbursement this Period 600.00</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) ►

2050.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)
KAREN CARTER FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Byron C. Clay Mailing Address 617 Plymouth Dr. City La Place State LA Zip Code 70068 Purpose of Disbursement canvassing coordinator Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4798 Date of Disbursement 10 / 12 / 2006 Amount of Each Disbursement this Period 600.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Cox Communications Mailing Address POB 9001080 City Louisville State KY Zip Code 40292 Purpose of Disbursement telephone and internet services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4800 Date of Disbursement 10 / 17 / 2006 Amount of Each Disbursement this Period 523.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Cox Communications Mailing Address POB 9001080 City Louisville State KY Zip Code 40292 Purpose of Disbursement telephone and internet services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4801 Date of Disbursement 10 / 18 / 2006 Amount of Each Disbursement this Period 481.47 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

1604.47

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)
KAREN CARTER FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Linda B. Day</p> <p>Mailing Address 2429 Miller County 2</p> <p>City Doddridge State AR Zip Code 71834</p> <p>Purpose of Disbursement reimbursement for office expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4802</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="949.50"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Doubletree Hotel New Orleans</p> <p>Mailing Address 300 Canal St.</p> <p>City New Orleans State LA Zip Code 70130</p> <p>Purpose of Disbursement food and beverage expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4804</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="8606.78"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) EC Advertising</p> <p>Mailing Address POB 791287</p> <p>City New Orleans State LA Zip Code 70179</p> <p>Purpose of Disbursement design and printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4806</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="4804.50"/></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) ▶

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 35 / 43

<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)
KAREN CARTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial) EC Advertising Mailing Address POB 791287 City New Orleans State LA Zip Code 70179 Purpose of Disbursement printing, postage and layout expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4807 Date of Disbursement 10 / 16 / 2006
	Amount of Each Disbursement this Period 873.00
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/ Type
B. Full Name (Last, First, Middle Initial) EC Advertising Mailing Address POB 791287 City New Orleans State LA Zip Code 70179 Purpose of Disbursement design and printing services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4808 Date of Disbursement 10 / 18 / 2006
	Amount of Each Disbursement this Period 4804.50
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/ Type
C. Full Name (Last, First, Middle Initial) Gambit Communications, Inc. Mailing Address 3923 Bienville St. City New Orleans State LA Zip Code 70119 Purpose of Disbursement advertising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4810 Date of Disbursement 10 / 11 / 2006
	Amount of Each Disbursement this Period 235.00
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

5912.50

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary 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)
KAREN CARTER FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Gambit Communications, Inc.

Transaction ID: SB17.4811
Date of Disbursement

Mailing Address 3923 Bienville St.

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	6	

City State Zip Code
New Orleans LA 70119

Amount of Each Disbursement this Period

235.00

Purpose of Disbursement
advertisement
Candidate Name

Category/
Type

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

Office Sought: House Senate President
Disbursement For: 2006 Primary General Other (specify) ▼
State: District:

B.

Full Name (Last, First, Middle Initial)
GCR

Transaction ID: SB17.4812
Date of Disbursement

Mailing Address 2021 Lakeshore Drive

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	5		2	0	6	

City State Zip Code
New Orleans LA 70122

Amount of Each Disbursement this Period

3579.84

Purpose of Disbursement
ROBO calls
Candidate Name

Category/
Type

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

Office Sought: House Senate President
Disbursement For: 2006 Primary General Other (specify) ▼
State: District:

C.

Full Name (Last, First, Middle Initial)
GCR

Transaction ID: SB17.4813
Date of Disbursement

Mailing Address 2021 Lakeshore Drive

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

City State Zip Code
New Orleans LA 70122

Amount of Each Disbursement this Period

3954.24

Purpose of Disbursement
ROBO calls
Candidate Name

Category/
Type

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

Office Sought: House Senate President
Disbursement For: 2006 Primary General Other (specify) ▼
State: District:

SUBTOTAL of Disbursements This Page (optional)

7769.08

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)
KAREN CARTER FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Jerry Gibbs Mailing Address 134 W. State St. City Trenton State NJ Zip Code 08608 Purpose of Disbursement In-kind - event expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4814 Date of Disbursement 10 / 01 / 2006 Amount of Each Disbursement this Period 741.93 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Kim Hall Mailing Address 608 Whitney Ave City Algiers State LA Zip Code 70114 Purpose of Disbursement office maintenance and errand services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4815 Date of Disbursement 10 / 06 / 2006 Amount of Each Disbursement this Period 200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Kim Hall Mailing Address 608 Whitney Ave City Algiers State LA Zip Code 70114 Purpose of Disbursement office assistance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4816 Date of Disbursement 10 / 12 / 2006 Amount of Each Disbursement this Period 200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

1141.93

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)
KAREN CARTER FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) David Huynh</p> <p>Mailing Address 1509 Bernice St.</p> <p>City Morgan City State LA Zip Code 70380</p> <p>Purpose of Disbursement field organizer</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4818</p> <p>Date of Disbursement</p> <p>10 / 02 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>1250.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Printers Wholesale Group, Inc.</p> <p>Mailing Address 3801 N. CAuseway Blvd. Suite 203</p> <p>City Metairie State LA Zip Code 70002</p> <p>Purpose of Disbursement printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4819</p> <p>Date of Disbursement</p> <p>10 / 13 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>2680.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Printing Etc.</p> <p>Mailing Address 2315 N. Woodlawn Dr Suite 100</p> <p>City Metairie State LA Zip Code 70001</p> <p>Purpose of Disbursement printing of campaign materials</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4820</p> <p>Date of Disbursement</p> <p>10 / 02 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>1564.91</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) ▶

5494.91

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

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

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

FOR LINE NUMBER: (check only one)

<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)
KAREN CARTER FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Printing Etc.</p> <p>Mailing Address 2315 N. Woodlawn Dr Suite 100</p> <p>City Metairie State LA Zip Code 70001</p> <p>Purpose of Disbursement printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4821</p> <p>Date of Disbursement 10 / 13 / 2006</p> <p>Amount of Each Disbursement this Period 500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Target Video</p> <p>Mailing Address 5005 Tartan Dr.</p> <p>City Metairie State LA Zip Code 70003</p> <p>Purpose of Disbursement video monitoring services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4823</p> <p>Date of Disbursement 10 / 02 / 2006</p> <p>Amount of Each Disbursement this Period 260.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) The Bryliski Company</p> <p>Mailing Address 3418 Coliseum St.</p> <p>City New Orleans State LA Zip Code 70115</p> <p>Purpose of Disbursement communications services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4824</p> <p>Date of Disbursement 10 / 02 / 2006</p> <p>Amount of Each Disbursement this Period 5000.00</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) ▶

5760.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)
KAREN CARTER FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) The Bryliski Company Mailing Address 3418 Coliseum St. City New Orleans State LA Zip Code 70115 Purpose of Disbursement public relations consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4825 Date of Disbursement 10 / 13 / 2006 Amount of Each Disbursement this Period 2100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) The Louisiana Weekly Mailing Address 2215 Pelopidas St. City New Orleans State LA Zip Code 70122 Purpose of Disbursement newspaper advertising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4827 Date of Disbursement 10 / 05 / 2006 Amount of Each Disbursement this Period 969.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) The Louisiana Weekly Mailing Address 2215 Pelopidas St. City New Orleans State LA Zip Code 70122 Purpose of Disbursement advertising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4828 Date of Disbursement 10 / 13 / 2006 Amount of Each Disbursement this Period 2319.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

5388.75

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

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)
KAREN CARTER FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) The New Orleans Tribune Mailing Address 2317 Esplanade Ave City New Orleans State LA Zip Code 70119 Purpose of Disbursement printing-advertising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4830 Date of Disbursement 10 / 05 / 2006 Amount of Each Disbursement this Period 3722.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) TNT Service Mailing Address 2816 Aubry City New Orleans State LA Zip Code 70119 Purpose of Disbursement install telephone system Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4832 Date of Disbursement 10 / 06 / 2006 Amount of Each Disbursement this Period 445.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Unitemized Dispersement Unitemized Dispersements Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.7337 Date of Disbursement 10 / 01 / 2006 Amount of Each Disbursement this Period 531.77 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

4698.77

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

225344.45

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
KAREN CARTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Crescent City Coders			Nature of Debt (Purpose): Nonresponsive Prohibited Contributor
Mailing Address 429 Wall Blvd.			
City Gretna	State LA	ZIP Code 70056	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID: SD10.7277	
Amount Incurred This Period <input type="text" value="50.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="50.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Donald Kelly			Nature of Debt (Purpose): Excessive contribution owed contributor
Mailing Address P.O. Box 756			
City Natchitoches	State LA	ZIP Code 71458	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID: SD10.7258	
Amount Incurred This Period <input type="text" value="500.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="500.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Law Office of Paul C. Minicilier			Nature of Debt (Purpose): Nonresponsive Prohibited Contributor
Mailing Address Dublin Street			
City New Orleans	State LA	ZIP Code 70115	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID: SD10.7281	
Amount Incurred This Period <input type="text" value="100.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="100.00"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="650.00"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 43 / 43	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
KAREN CARTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Prime Production	Nature of Debt (Purpose): Nonresponsive Prohibited Contributor
Mailing Address 501 Basin Street Suite A	
City State ZIP Code New Orleans LA 70112	

Outstanding Balance Beginning This Period	Transaction ID: SD10.7279	
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
250.00	0.00	250.00

1) SUBTOTALS This Period This Page (optional).....	250.00
2) TOTALS This Period (last page this line number only).....	900.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	900.00