

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than 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  
Louisiana Reform PAC

ADDRESS (number and street) PO Box 1542  
 Check if different than previously reported. (ACC)  
Shreveport LA 71165-1542

2. **FEC IDENTIFICATION NUMBER** C00409631  
**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 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 07 01 2008 through 09 30 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer John Schmidt  
Signature of Treasurer Electronically Filed by John Schmidt Date 10 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.

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Louisiana Reform PAC

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		16187.78
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	12917.32									
(c) Total Receipts (from Line 19) .....	38310.91	93579.89								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	51228.23	109767.67								
7. Total Disbursements (from Line 31) .....	18643.36	77182.80								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	32584.87	32584.87								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**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  
Louisiana Reform PAC

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	30000.00	71000.00
(i) Itemized (use Schedule A) .....	0.00	1000.00
(ii) Unitemized .....	30000.00	72000.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	7000.00	19000.00
(c) Other Political Committees (such as PACs) .....	37000.00	91000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....		
12. Transfers From Affiliated/Other Party Committees .....	.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	1310.91	1945.40
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	634.49
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	38310.91	93579.89
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	38310.91	93579.89

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	13607.11	61646.55
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	13607.11	61646.55
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	5000.00	15000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. 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 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	36.25	536.25
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	18643.36	77182.80
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18643.36	77182.80

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3 .....	37000.00	91000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	37000.00	91000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	13607.11	61646.55
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	1310.91	1945.40
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	12296.20	59701.15

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 17
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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)  
Louisiana Reform PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) George Franklin, III	Date of Receipt MM / DD / YYYY 07 / 01 / 2008
	Mailing Address PO Box 853	<b>Transaction ID:</b> SA11AI-351-529-c
	City State Zip Code Rayville LA 71269-0853	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	PAC Contribution
Name of Employer Farmer	Occupation Self Employed	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Joseph Georgusis	Date of Receipt MM / DD / YYYY 07 / 07 / 2008
	Mailing Address 3421 N Causeway Boulevard Suite 802	<b>Transaction ID:</b> SA11AI-350-528-c
	City State Zip Code Metairie LA 70002-3746	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. <b>C</b>	PAC Contributions
Name of Employer Park Investments, LLC	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Michael Gray	Date of Receipt MM / DD / YYYY 07 / 18 / 2008
	Mailing Address PO Box 6202	<b>Transaction ID:</b> SA11AI-329-567-c
	City State Zip Code Metairie LA 70009-6202	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
Name of Employer The Gray Insurance Company	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	11000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 17
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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)  
Louisiana Reform PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Walter Gray	Date of Receipt MM / DD / YYYY 07 / 18 / 2008
	Mailing Address PO Box 6202	<b>Transaction ID:</b> SA11AI-365-568-c
	City State Zip Code Metairie LA 70009-6202	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. <b>C</b>	PAC Contribution
Name of Employer The Gray Insurance Company	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Thomas Chance	Date of Receipt MM / DD / YYYY 08 / 19 / 2008
	Mailing Address 303 Mill Valley Run	<b>Transaction ID:</b> SA11AI-371-594-c
	City State Zip Code Lafayette LA 70508-7049	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
Name of Employer C & C Technologies, Inc.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mark Monaco	Date of Receipt MM / DD / YYYY 08 / 19 / 2008
	Mailing Address 61 Halsey Lane	<b>Transaction ID:</b> SA11AI-370-593-c
	City State Zip Code Water Mill NY 11976-2913	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. <b>C</b>	PAC Contribution
Name of Employer Windward Capital Mgt, LLC	Occupation Managing Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	12000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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)  
Louisiana Reform PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Dave Roberts	Date of Receipt MM / DD / YYYY 08 / 19 / 2008
	Mailing Address 17747 Airline Highway	<b>Transaction ID:</b> SA11AI-372-595-c
	City State Zip Code Prairieville LA 70769-3701	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation Excel Contractors, Inc. President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Michael Beer	Date of Receipt MM / DD / YYYY 08 / 26 / 2008
	Mailing Address 8500 Innisfree Drive	<b>Transaction ID:</b> SA11AI-89-590-c
	City State Zip Code Springfield VA 22153-1710	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Contributions
	Name of Employer Occupation Williams & Jensen Principal	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Steve Hart	Date of Receipt MM / DD / YYYY 08 / 26 / 2008
	Mailing Address 1155 21st Street NW	<b>Transaction ID:</b> SA11AI-82-591-c
	City State Zip Code Washington DC 20036-3308	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Contributions
	Name of Employer Occupation Williams & Jensen Principal	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	7000.00
<b>TOTAL</b> This Period (last page this line number only) .....	30000.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 9 / 17</span>
	(check only one)
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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)  
Louisiana Reform PAC

**A.**

Full Name (Last, First, Middle Initial) Jones, Walker, Waechter, Poitevent, Carrere, & Denegre PAC		Date of Receipt MM / DD / YYYY 08 / 19 / 2008
Mailing Address 201 Saint Charles Avenue		<b>Transaction ID:</b> SA11C-369-592-c
City State Zip Code New Orleans LA 70170-1000	FEC ID number of contributing federal political committee. <b>C</b> C00111534	Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	PAC Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

**B.**

Full Name (Last, First, Middle Initial) NCTA PAC		Date of Receipt MM / DD / YYYY 08 / 26 / 2008
Mailing Address 25 Massachusetts Avenue NW Suite 100		<b>Transaction ID:</b> SA11C-368-589-c
City State Zip Code Washington DC 20001-1434	FEC ID number of contributing federal political committee. <b>C</b> C00010082	Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	PAC Contributions
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	7000.00
<b>TOTAL</b> This Period (last page this line number only) .....	7000.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 10 / 17</span>
	(check only one)
<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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)  
Louisiana Reform PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Northwest Airlines		Date of Receipt
	Mailing Address 2700 Lone Oak Parkway		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Eagan	MN	55121-1546
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: SA15-166-598-e
Receipt For:		Amount of Each Receipt this Period	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="672.91"/>	
		Aggregate Year-to-Date ▼	Refund of travel
		<input type="text" value="672.91"/>	

<b>B.</b>	Full Name (Last, First, Middle Initial) United Airlines		Date of Receipt
	Mailing Address PO Box 66282		<input type="text" value="09"/> / <input type="text" value="08"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Chicago	IL	60666-0282
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: SA15-366-599-e
Receipt For:		Amount of Each Receipt this Period	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="638.00"/>	
		Aggregate Year-to-Date ▼	Refund of airfare
		<input type="text" value="638.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1310.91"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="1310.91"/>

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)  
Louisiana Reform PAC

A.	Full Name (Last, First, Middle Initial) Courtney Guastella	Transaction ID: SB21B-103-564-e Date of Disbursement
	Mailing Address 7449 Garfield Street	<input type="text" value="07"/> / <input type="text" value="02"/> / <input type="text" value="2008"/>
	City New Orleans State LA Zip Code 70118-3636	Amount of Each Disbursement this Period
	Purpose of Disbursement Monthly retainer fee-no candidate benefitted	<input type="text" value="2500.00"/>
	Candidate Name	<input type="text" value="003"/> Category/Type
	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) ▼

B.	Full Name (Last, First, Middle Initial) Monica Schmidt	Transaction ID: SB21B-165-565-e Date of Disbursement
	Mailing Address 10010 Winding Ridge Drive	<input type="text" value="07"/> / <input type="text" value="02"/> / <input type="text" value="2008"/>
	City Shreveport State LA Zip Code 71106-7684	Amount of Each Disbursement this Period
	Purpose of Disbursement Monthly Admin Fee	<input type="text" value="250.00"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) CompleteCampaigns.com	Transaction ID: SB21B-164-562-e Date of Disbursement
	Mailing Address 610 Gateway Center Way Suite K	<input type="text" value="07"/> / <input type="text" value="07"/> / <input type="text" value="2008"/>
	City San Diego State CA Zip Code 92102-4548	Amount of Each Disbursement this Period
	Purpose of Disbursement Monthly Maint - Software	<input type="text" value="350.00"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3100.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)  
Louisiana Reform PAC

A.

Full Name (Last, First, Middle Initial)  
Northwest Airlines

Mailing Address 2700 Lone Oak Parkway

City Eagan State MN Zip Code 55121-1546

Purpose of Disbursement

Travel: Airfare

Candidate Name

002  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B-166-596-e  
Date of Disbursement

08 / 01 / 2008

Amount of Each Disbursement this Period

672.91

B.

Full Name (Last, First, Middle Initial)  
United Airlines

Mailing Address PO Box 66282

City Chicago State IL Zip Code 60666-0282

Purpose of Disbursement

Travel: Cost to change ticket

Candidate Name

002  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B-366-574-e  
Date of Disbursement

08 / 01 / 2008

Amount of Each Disbursement this Period

25.00

C.

Full Name (Last, First, Middle Initial)  
United Airlines

Mailing Address PO Box 66282

City Chicago State IL Zip Code 60666-0282

Purpose of Disbursement

Travel: Airfare

Candidate Name

002  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B-366-597-e  
Date of Disbursement

08 / 01 / 2008

Amount of Each Disbursement this Period

638.00

SUBTOTAL of Disbursements This Page (optional) ▶

1335.91

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

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

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

FOR LINE NUMBER: (check only one)

PAGE 13 / 17

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)  
Louisiana Reform PAC

A.	Full Name (Last, First, Middle Initial) Courtney Guastella	Transaction ID: SB21B-103-569-e Date of Disbursement
	Mailing Address 7449 Garfield Street	<input type="text" value="08"/> / <input type="text" value="06"/> / <input type="text" value="2008"/>
	City New Orleans State LA Zip Code 70118-3636	Amount of Each Disbursement this Period
	Purpose of Disbursement Monthly retainer fee-no candidate benefitted	<input type="text" value="2500.00"/>
	Candidate Name	<input type="text" value="003"/> Category/Type
	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) ▼

B.	Full Name (Last, First, Middle Initial) Courtney Guastella	Transaction ID: SB21B-103-570-e Date of Disbursement
	Mailing Address 7449 Garfield Street	<input type="text" value="08"/> / <input type="text" value="06"/> / <input type="text" value="2008"/>
	City New Orleans State LA Zip Code 70118-3636	Amount of Each Disbursement this Period
	Purpose of Disbursement Cost of Printer	<input type="text" value="1008.23"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) Monica Schmidt	Transaction ID: SB21B-165-577-e Date of Disbursement
	Mailing Address 10010 Winding Ridge Drive	<input type="text" value="08"/> / <input type="text" value="06"/> / <input type="text" value="2008"/>
	City Shreveport State LA Zip Code 71106-7684	Amount of Each Disbursement this Period
	Purpose of Disbursement Monthly Admin Fee	<input type="text" value="250.00"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3758.23"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)  
Louisiana Reform PAC

A.	Full Name (Last, First, Middle Initial) CompleteCampaigns.com	Transaction ID: SB21B-164-575-e Date of Disbursement
	Mailing Address 610 Gateway Center Way Suite K	<input type="text" value="08"/> / <input type="text" value="07"/> / <input type="text" value="2008"/>
	City San Diego State CA Zip Code 92102-4548	Amount of Each Disbursement this Period
	Purpose of Disbursement Monthly Service Fee Candidate Name	<input type="text" value="350.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) CompleteCampaigns.com	Transaction ID: SB21B-164-581-e Date of Disbursement
	Mailing Address 610 Gateway Center Way Suite K	<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2008"/>
	City San Diego State CA Zip Code 92102-4548	Amount of Each Disbursement this Period
	Purpose of Disbursement Software fee Candidate Name	<input type="text" value="350.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Courtney Guastella	Transaction ID: SB21B-103-583-e Date of Disbursement
	Mailing Address 7449 Garfield Street	<input type="text" value="09"/> / <input type="text" value="22"/> / <input type="text" value="2008"/>
	City New Orleans State LA Zip Code 70118-3636	Amount of Each Disbursement this Period
	Purpose of Disbursement Monthly retainer fee-no candidate benefitted Candidate Name	<input type="text" value="2500.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="003"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3200.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)  
Louisiana Reform PAC

A.	Full Name (Last, First, Middle Initial) Monica Schmidt <hr/> Mailing Address 10010 Winding Ridge Drive <hr/> City Shreveport State LA Zip Code 71106-7684 <hr/> Purpose of Disbursement Monthly Admin fee Candidate Name <hr/> 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: SB21B-165-584-e Date of Disbursement 09 / 22 / 2008 <hr/> Amount of Each Disbursement this Period 250.00 <hr/> Category/Type 001
B.	Full Name (Last, First, Middle Initial) Beltway Catering LLC <hr/> Mailing Address 6330 Dunman Way <hr/> City Alexandria State VA Zip Code 22315-5505 <hr/> Purpose of Disbursement Thank You lunch-no candidate benefitted Candidate Name <hr/> 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: SB21B-367-585-e Date of Disbursement 09 / 25 / 2008 <hr/> Amount of Each Disbursement this Period 880.00 <hr/> Category/Type 003
C.	Full Name (Last, First, Middle Initial) Mrs. Wendy Vitter <hr/> Mailing Address 238 Helios Avenue <hr/> City Metairie State LA Zip Code 70005-3755 <hr/> Purpose of Disbursement Transportation From Rep. Fundraiser Candidate Name <hr/> 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: SB21B-124-587-e Date of Disbursement 09 / 25 / 2008 <hr/> Amount of Each Disbursement this Period 819.86 <hr/> Category/Type 002

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

1949.86

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

13344.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 17

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)  
Louisiana Reform PAC

A.	Full Name (Last, First, Middle Initial) Woody Jenkins for Congress		Transaction ID: SB23-363-566-e	
	Mailing Address 910 N Foster Drive		Date of Disbursement 07 / 17 / 2008	
City Baton Rouge		State LA	Zip Code 70806-1807	
Purpose of Disbursement Political Contribution: Debt Retirement			Amount of Each Disbursement this Period 5000.00	
Candidate Name Louis W Jenkins			011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: LA District: 06		Retire Debt - S2008		

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

5000.00

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

5000.00



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 17 / 17

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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)  
Louisiana Reform PAC

A.

Full Name (Last, First, Middle Initial)  
Kyle Ruckert

Transaction ID: SB29-64-586-e  
Date of Disbursement

Mailing Address 703 7th Street SE

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	8

City Washington State DC Zip Code 20003-2740

Amount of Each Disbursement this Period

36.25
-------

Purpose of Disbursement  
Donations for Care Center Auction

012
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

36.25
-------

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

36.25
-------