

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
CRAIG ROMERO FOR CONGRESS INC.

ADDRESS (number and street) P, O, Box 13657
 Check if different than previously reported. (ACC)
New Iberia LA 70562

2. **FEC IDENTIFICATION NUMBER** C00398974
CITY **STATE** **ZIP CODE**
STATE **DISTRICT**
3. IS THIS REPORT NEW (N) OR AMENDED (A)
LA 03

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

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on 11 02 2004 in the State of

5. Covering Period 10 14 2004 through 11 22 2004

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 Mr Jeff Landry

Signature of Treasurer Electronically Filed by Mr Jeff Landry Date 08 08 2007

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

CRAIG ROMERO FOR CONGRESS INC.

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 1 | 0 |

| | |
|---|---|
| D | D |
| 1 | 4 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 4 |

 To:

| | |
|---|---|
| M | M |
| 1 | 1 |

| | |
|---|---|
| D | D |
| 2 | 2 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 4 |

| | 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))..... | 136488.99 | 908921.11 |
| (b) Total Contribution Refunds (from Line 20(d))..... | 70606.16 | .00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 65882.83 | 908921.11 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17)..... | 271947.13 | 894616.28 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | .00 | .00 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 271947.13 | 894616.28 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 21562.66 | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)..... | .00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)..... | 35000.00 | |

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**POST-ELECTION DETAILED
SUMMARY PAGE**

FEC Form 3 (Revised 02/2003)

Report of Receipts and Disbursements

Page 5

- . If the candidate participated in the general election, use this form for the 30-day Post-General report.
- . If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

CRAIG ROMERO FOR CONGRESS INC.

Report Covering the Period: From: To:

I. RECEIPTS

| COLUMN A Total this Period | COLUMN B Election Cycle Total as of | COLUMN C Total for |
|--|---|---|
| 11. CONTRIBUTIONS (other than loans) FROM: | <input type="text" value="11"/> <input type="text" value="02"/> <input type="text" value="2004"/> (date of general election) | <input type="text" value="11"/> <input type="text" value="03"/> <input type="text" value="2004"/> (date after general election) |
| (a) Individuals/Persons Other than Political Committees | | through |
| (i) Itemized (Use Schedule A) | | <input type="text" value="11"/> <input type="text" value="22"/> <input type="text" value="2004"/> (last day of reporting period) |
| <input type="text" value="126245.16"/> | | |
| (ii) Unitemized | | |
| <input type="text" value="9243.83"/> | | |
| (iii) Total of contributions from individuals | | |
| <input type="text" value="135488.99"/> | <input type="text" value="893677.85"/> | <input type="text" value="52426.16"/> |
| (b) Political Party Committees | | |
| <input type="text" value="1000.00"/> | <input type="text" value="15243.26"/> | <input type="text" value=".00"/> |
| (c) Other Political Committees | | |
| <input type="text" value=".00"/> | <input type="text" value=".00"/> | <input type="text" value=".00"/> |

**POST-ELECTION DETAILED
SUMMARY PAGE
Report of Receipts and Disbursements**

| COLUMN A Total this Period | COLUMN B Election Cycle Total as of * (date of general Election) (* See page 5 for date) | COLUMN C Total for * (date after general election) Through * (last day of reporting period) (* See page 5 for dates) |
|--|--|--|
| (d) The Candidate .00 | .00 | .00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d)) 136488.99 | 908921.11 | 52426.16 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .00 | .00 | .00 |
| 13. LOANS: (a) Made or Guaranteed by the Candidate 70000.00 | 70000.00 | .00 |
| (b). All Other Loans .00 | .00 | .00 |
| (c). TOTAL LOANS (add Lines 13(a) and (b)) 70000.00 | 70000.00 | .00 |
| 14. OFFSETS TO OPERATING EXPENDITURES (refunds, rebates, etc) .00 | .00 | .00 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc) .00 | 948.73 | .00 |
| 16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) 206488.99 | 979869.84 | 52426.16 |

POST ELECTION DETAILED SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

Report of Receipts and Disbursements

Write or Type Committe Name

CRAIG ROMERO FOR CONGRESS INC.

Report the covering period

From:

10

14

2004

To:

11

22

2004

II. DISBURSEMENTS

| COLUMN A Total this period | COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date) | COLUMN C Total for * Through * (date after general election) (last day of reporting period) (* See page 5 for date) |
|---|---|--|
| 17. OPERATING EXPENDITURES | | |
| 271947.13 | 894616.28 | 10510.90 |
| 18. TRANSFER TO OTHER AUTHORIZED COMMITTEES | | |
| .00 | .00 | .00 |
| 19. LOAN PAYMENTS | | |
| (a) Of Loans Made or Guaranteed by the Candidate | | |
| 35000.00 | .00 | 35000.00 |
| (b) Of All Other Loans | | |
| .00 | .00 | .00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b)) | | |
| 35000.00 | .00 | 35000.00 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| 70606.16 | .00 | 70606.16 |
| (b) Political Party Committees | | |
| .00 | .00 | .00 |

POST ELECTION DETAILED SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

Report of Receipts and Disbursements

Page 8

| COLUMN A Total this period | COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date) | Total for * Through * | COLUMN C (date after general election) (last day of reporting period) (* See page 5 for date) |
|-------------------------------|---|--------------------------|--|
|-------------------------------|---|--------------------------|--|

(c) Other political committees (such as PACs)

| | | |
|-----|-----|-----|
| .00 | .00 | .00 |
|-----|-----|-----|

(d) TOTAL CONTRIBUTION REFUNDS (See Lines 20(a), (b) and (c))

| | | |
|----------|-----|----------|
| 70606.16 | .00 | 70606.16 |
|----------|-----|----------|

21. OTHER DISBURSEMENTS

| | | |
|-----|-----|-----|
| .00 | .00 | .00 |
|-----|-----|-----|

22. TOTAL DISBURSEMENTS (add lines 17, 18, 19(c), 20(d), and 21)

| | | |
|-----------|-----------|-----------|
| 377553.29 | 894616.28 | 116117.06 |
|-----------|-----------|-----------|

III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract line 20(d) from Line 11(e))

| | | |
|----------|-----------|-----------|
| 65882.83 | 908921.11 | -18180.00 |
|----------|-----------|-----------|

IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract line 14 from Line 17)

| | | |
|-----------|-----------|----------|
| 271947.13 | 894616.28 | 10510.90 |
|-----------|-----------|----------|

V. CASH SUMMARY

| | |
|--|-----------|
| 23. CASH ON HAND AT BEGINING OF REPORTING PERIOD | 192626.96 |
| 24. TOTAL RECEIPTS AT THIS PERIOD (from Line 16)..... | 206488.99 |
| 25. SUBTOTAL(add Line 23 and Line 24) | 399115.95 |
| 26. TOTAL DISBURSEMENTS AT THIS PERIOD (from Line 22)..... | 377553.29 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 26 from Line 25)..... | 21562.66 |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 / 97 |
| | <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 |

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)
CRAIG ROMERO FOR CONGRESS INC.

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Ruth K. Accardo | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 4 |
| Mailing Address P.O. Box 1135 | | Transaction ID: ROMERO8589 |
| City State Zip Code Patterson LA 70392 | 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 Accardo Brothers Farm | Occupation Farmer | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 500.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Paul J. Allain | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 4 |
| Mailing Address 106 E Lawrence Street | | Transaction ID: ROMERO8418 |
| City State Zip Code New Iberia LA 70563 | Amount of Each Receipt this Period 1000.00 | |
| 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 Paul J. Allain Properties LLC | Occupation Architect | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2000.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Paul J. Allain | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 4 |
| Mailing Address 106 E Lawrence Street | | Transaction ID: ROMERO8430 |
| City State Zip Code New Iberia LA 70563 | Amount of Each Receipt this Period 1000.00 | |
| 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 Paul J. Allain Properties LLC | Occupation Architect | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2000.00 | [MEMO ITEM] |

| | |
|--|---------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 / 97 |
| | <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)
CRAIG ROMERO FOR CONGRESS INC.

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Alton Anthony, Sr. | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 4 | |
| Mailing Address PO Box 14233 | | Transaction ID: ROMERO8987 | |
| City State Zip Code New Iberia LA 70562-4233 | | 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 Occupation Anthony Brothers Inc. President | | | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ 500.00 | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Kyle Ardoin | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 4 | |
| Mailing Address 525 Florida Street Suite 300 | | Transaction ID: ROMERO8550 | |
| City State Zip Code Baton Rouge LA 70801-1732 | | Amount of Each Receipt this Period 1000.00 | |
| 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) [MEMO ITEM] | |
| Name of Employer Occupation Publink LLC Chief Executive Officer | | | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ 2000.00 | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Kyle Ardoin | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 4 | |
| Mailing Address 525 Florida Street Suite 300 | | Transaction ID: ROMERO8975 | |
| City State Zip Code Baton Rouge LA 70801-1732 | | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation Publink LLC Chief Executive Officer | | | |
| Receipt For: 2004 <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) ▶ | 1250.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 / 97 |
| | <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)
CRAIG ROMERO FOR CONGRESS INC.

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Robert W. Bailey | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 4 | |
| Mailing Address 1530 Bonnie Burn Circle | | Transaction ID: ROMERO8979 | |
| City State Zip Code Winter Park FL 32789 | 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 Ch2M Hill | Occupation Executive | | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 250.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Ward Belanger | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 4 | |
| Mailing Address 141 Darden Lane | | Transaction ID: ROMERO8897 | |
| City State Zip Code Lafayette LA 70508 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Pioneer Natural Resources | Occupation Prod. Support | | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 500.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Dorothy L. Benge | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 4 | |
| Mailing Address 208 Decatur Street | | Transaction ID: ROMERO8632 | |
| City State Zip Code New Orleans LA 70130 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Delacroix Corporation | Occupation President | | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 500.00 | | |

| | |
|--|---------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 / 97 |
| | <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)
CRAIG ROMERO FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
Mary H. Bergeron

Mailing Address 300 W. Judge Perez Drive
Suite B

City State Zip Code
Chalmette LA 70043

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

Name of Employer Title Assoc., Inc. Occupation Director

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 4

Transaction ID: ROMERO8609

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)
William T. Bergeron

Mailing Address P.O. Box 70709

City State Zip Code
New Orleans LA 70172

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

Name of Employer Bergeron Marigny LLC Occupation Agent

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 4

Transaction ID: ROMERO8626

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)
Charles L. Bienvenu

Mailing Address 1231 Center Street

City State Zip Code
Arabi LA 70032

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

Name of Employer J&R Amusement Co. Inc. Occupation Executive

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 4

Transaction ID: ROMERO8640

Amount of Each Receipt this Period
2000.00

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

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 3500.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 11 / 97 |
| | <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)
CRAIG ROMERO FOR CONGRESS INC.

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Walter J. Boasso | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 4 |
| Mailing Address 13 Brittany Place | | Transaction ID: ROMERO8593 |
| City State Zip Code Arabi LA 70032 | Amount of Each Receipt this Period 1500.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation Boasso America Corp. President | Receipt For: 2004 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1500.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Dennis Bourque | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 4 |
| Mailing Address 152 Presque Isle Road | | Transaction ID: ROMERO8893 |
| City State Zip Code Houma LA 70363-3857 | 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 Occupation Alford Services Sales | Receipt For: 2004 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00 | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. Blaine L. Broussard | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4 |
| Mailing Address P.O. Box 401 | | Transaction ID: ROMERO8795 |
| City State Zip Code Loreauville LA 70552-0401 | 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 Occupation BESCO/Gator Tail/APM Engineer-Manager | Receipt For: 2004 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2000.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 / 97 |
| | <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)
CRAIG ROMERO FOR CONGRESS INC.

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Joe Broussard | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 4 |
| Mailing Address 44095 Ray Kelley Road | | Transaction ID: ROMERO9211 |
| City State Zip Code St. Amant LA 70774 | Amount of Each Receipt this Period 350.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation Lofton Plant Operations | | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 350.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Hugh C. Brown Jr. | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 4 |
| Mailing Address 175 McGee Drive | | Transaction ID: ROMERO8573 |
| City State Zip Code Patterson LA 70392 | Amount of Each Receipt this Period 300.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation Retired Retired | | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 300.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. JoAn Brown | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 4 |
| Mailing Address 6090 Brewerton | | Transaction ID: ROMERO9208 |
| City State Zip Code Gonzales LA 70737 | Amount of Each Receipt this Period 200.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation Self Employed SEIf | | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 400.00 | |

| | |
|--|--------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 / 97 |
| | <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)
CRAIG ROMERO FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
Joseph O. Bruce Jr.

Mailing Address 2173 Ventura Drive

City State Zip Code
Chalmette LA 70043

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

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
550.00

Date of Receipt
M M / D D / Y Y Y Y
10 29 / 2004

Transaction ID: ROMERO8585

Amount of Each Receipt this Period
50.00

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

B. Full Name (Last, First, Middle Initial)
Farrah Bulliard

Mailing Address P.O. Box 174

City State Zip Code
St. Martinville LA 70582-0174

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

Name of Employer Occupation
Cajun Chef Shop Foreman

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
10 18 / 2004

Transaction ID: ROMERO8799

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)
George Bulliard

Mailing Address P.O. Box 211

City State Zip Code
St. Martinville LA 70582

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

Name of Employer Occupation
Peppers Unlimited Executive

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
10 28 / 2004

Transaction ID: ROMERO8868

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) | 550.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 14 / 97 |
| | <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)
CRAIG ROMERO FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
Kathy P. Burkhardt

Mailing Address 2105 Aramis Drive

City State Zip Code
Meraux LA 70075

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

Name of Employer Occupation
Burkhardt Heating & Air Owner

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 4

Transaction ID: ROMERO8617

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)
Craig P. Caillier

Mailing Address 705 Lucerne Drive

City State Zip Code
New Iberia LA 70563

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

Name of Employer Occupation
M.A. Patout & Sons. Ltd. Executive

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

5201.58

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 4

Transaction ID: ROMERO8532

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)
Craig P. Caillier

Mailing Address 705 Lucerne Drive

City State Zip Code
New Iberia LA 70563

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

Name of Employer Occupation
M.A. Patout & Sons. Ltd. Executive

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

5201.58

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 4

Transaction ID: ROMERO8548

Amount of Each Receipt this Period
2000.00

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

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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 15 / 97 |
| | <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)
CRAIG ROMERO FOR CONGRESS INC.

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Monica Callais | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 4 | |
| Mailing Address P.O. Box 377 | | Transaction ID: ROMERO9000 | |
| City State Zip Code Cut Off LA 70345-0377 | | Amount of Each Receipt this Period 1500.00 | |
| 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: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ 7000.00 | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Monica Callais | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 4 | |
| Mailing Address P.O. Box 377 | | Transaction ID: ROMERO9001 | |
| City State Zip Code Cut Off LA 70345-0377 | | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Self Occupation Homemaker | | | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ 7000.00 | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Tac Carrere | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 4 | |
| Mailing Address 11504 Hwy. 23 | | Transaction ID: ROMERO8638 | |
| City State Zip Code Belle Chasse LA 70037 | | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer White Oak Realty LLC Occupation Manager | | | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ 500.00 | |

| | |
|--|---------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 16 / 97 |
| | <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)
CRAIG ROMERO FOR CONGRESS INC.

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Corrine C. Caruso | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 4 |
| Mailing Address 3721 Palmisano Blvd. | | Transaction ID: ROMERO8613 |
| City State Zip Code Chalmette LA 70043 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation Solar Refrigeration Executive | Election Cycle-to-Date 500.00 | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Kenneth Cefalu | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 4 |
| Mailing Address 1114-A Hwy. 90 East | | Transaction ID: ROMERO8997 |
| City State Zip Code Broussard LA 70518 | Amount of Each Receipt this Period 1500.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation Venture Transport Logist- cs LL Executive | Election Cycle-to-Date 1500.00 | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Damon Chouest | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 4 |
| Mailing Address P.O. Box 310 | | Transaction ID: ROMERO8542 |
| City State Zip Code Galliano LA 70354 | Amount of Each Receipt this Period 2000.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation Chouest Offshore Services LLC Member | Election Cycle-to-Date 6000.00 | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 4000.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 17 / 97 |
| | <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)
CRAIG ROMERO FOR CONGRESS INC.

| | | | |
|---|-------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. Damon Chouest | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 0 4 | |
| Mailing Address P.O. Box 310 | | Transaction ID: ROMERO8544 | |
| City Galliano | State LA | Amount of Each Receipt this Period 1000.00 | |
| Zip Code 70354 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Chouest Offshore Services LLC | Occupation Member | | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 6000.00 | | |

| | | | |
|---|-------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. Damon Chouest | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 0 4 | |
| Mailing Address P.O. Box 310 | | Transaction ID: ROMERO8554 | |
| City Galliano | State LA | Amount of Each Receipt this Period 2000.00 | |
| Zip Code 70354 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM] | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Chouest Offshore Services LLC | Occupation Member | | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 6000.00 | | |

| | | | |
|---|-------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. Damon Chouest | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 0 4 | |
| Mailing Address P.O. Box 310 | | Transaction ID: ROMERO8555 | |
| City Galliano | State LA | Amount of Each Receipt this Period 1000.00 | |
| Zip Code 70354 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM] | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Chouest Offshore Services LLC | Occupation Member | | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 6000.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1000.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 18 / 97 |
| | <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)
CRAIG ROMERO FOR CONGRESS INC.

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. George 'Rusty' Clark | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 4 | |
| Mailing Address P.O. Box 100 | | Transaction ID: ROMERO8925 | |
| City State Zip Code Breaux Bridge LA 70517 | | Amount of Each Receipt this Period 1000.00 | |
| 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 Surveyor | | | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ 1100.00 | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Don E. Claxton | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 4 | |
| Mailing Address 115 Kimball Drive | | Transaction ID: ROMERO8926 | |
| City State Zip Code Lafayette LA 70508 | | Amount of Each Receipt this Period 1000.00 | |
| 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 Pet. Engineers Occupation Engineer | | | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ 1250.00 | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Patrick Corleto | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 4 | |
| Mailing Address 3481 Lakeside Drive, NE Unit 2303 | | Transaction ID: ROMERO8983 | |
| City State Zip Code Atlanta GA 30326-1337 | | 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 Ch2M Hill Occupation Executive | | | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ 250.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2250.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 19 / 97 |
| | <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)
CRAIG ROMERO FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
B.J. Corte Sr.

Mailing Address P.O. Box 3774

City State Zip Code
Houma LA 70361

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

Name of Employer Retired Occupation Retired

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 4

Transaction ID: ROMERO8911

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)
Dr. F. Ralph Dauterive

Mailing Address 33 West Pamela Pl

City State Zip Code
Arabi LA 70032-1313

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

Name of Employer Retired Occupation Retired

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 4

Transaction ID: ROMERO8611

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)
Larry Degeyter

Mailing Address PO Box 668

City State Zip Code
St. Martinville LA 70582

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

Name of Employer CCK Investments Occupation Owner

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2300.00

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

Transaction ID: ROMERO8779

Amount of Each Receipt this Period
1000.00

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

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 2000.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 20 / 97 |
| | <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)
CRAIG ROMERO FOR CONGRESS INC.

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Kurt Degueyter | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 4 |
| Mailing Address P.O. Box 52870 | | Transaction ID: ROMERO8949 |
| City State Zip Code Lafayette LA 70505 | Amount of Each Receipt this Period 750.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation FRD Properties IV LLC Executive | Election Cycle-to-Date 3350.00 | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Chester Diez | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 4 |
| Mailing Address 38192 Bantam Tracks Road | | Transaction ID: ROMERO9214 |
| City State Zip Code Gonzales LA 70737 | Amount of Each Receipt this Period 225.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation Southwest Computer Bureau Owner | Election Cycle-to-Date 225.00 | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Daniel Distefano | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 4 |
| Mailing Address P.O. Box 4413 | | Transaction ID: ROMERO8717 |
| City State Zip Code Houma LA 70361 | 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 Occupation Measurement Technologies Inc. Executive | Election Cycle-to-Date 250.00 | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 1225.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 21 / 97 |
| | <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)
CRAIG ROMERO FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
Daniel Distefano

Mailing Address 118 Parlange Drive

City State Zip Code
Houma LA 70360-2506

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

Name of Employer Occupation
DVD Consultants LLC. Manager

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 4

Transaction ID: ROMERO8886

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)
Edwin J. Doody

Mailing Address 4 Brittany Place

City State Zip Code
Arabi LA 70032

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

Name of Employer Occupation
Retired Mechanical Engineer

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

300.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 4

Transaction ID: ROMERO8619

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
J.F. (Sonny) Elrich Jr.

Mailing Address 3663 Pontchartrain Drive

City State Zip Code
Slidell LA 70458-4897

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

Name of Employer Occupation
Cypress Cove Executive

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 4

Transaction ID: ROMERO8630

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) | 1100.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 22 / 97 |
| | <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)
CRAIG ROMERO FOR CONGRESS INC.

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. J.F. (Sonny) Elrich Jr. | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 4 | |
| Mailing Address 3663 Pontchartrain Drive | | Transaction ID: ROMERO8932 | |
| City State Zip Code Slidell LA 70458-4897 | | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/> | |
| Name of Employer Occupation Cypress Cove Executive | | | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ 1000.00 | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Clarence Favret | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 4 | |
| Mailing Address 537 Brockenbraugh Court | | Transaction ID: ROMERO8628 | |
| City State Zip Code Metairie LA 70005 | | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/> | |
| Name of Employer Occupation Favret, Demarest, Russo & Lutk Executive | | | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ 1000.00 | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. David Fennelly | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 4 | |
| Mailing Address 1342 Hwy. 44 | | Transaction ID: ROMERO8599 | |
| City State Zip Code Reserve LA 70084 | | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/> | |
| Name of Employer Occupation Associated Terminals LLC Executive | | | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ 500.00 | |

| | |
|--|---------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 23 / 97 |
| | <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)
CRAIG ROMERO FOR CONGRESS INC.

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. William H. Fenstermaker | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 4 | |
| Mailing Address PO Box 52106 | | Transaction ID: ROMERO8521 | |
| City State Zip Code Lafayette LA 70505-2106 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | | |
| Name of Employer C.H. Fenstermaker & Associates Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation President & CEO Election Cycle-to-Date ▼ 3000.00 | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) B. William H. Fenstermaker | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 4 | |
| Mailing Address PO Box 52106 | | Transaction ID: ROMERO8526 | |
| City State Zip Code Lafayette LA 70505-2106 | Amount of Each Receipt this Period 1000.00 | | |
| 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) [MEMO ITEM] | | |
| Name of Employer C.H. Fenstermaker & Associates Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation President & CEO Election Cycle-to-Date ▼ 3000.00 | | |

| | | | |
|--|---|---|--|
| Full Name (Last, First, Middle Initial) C. Ralph P. Fontcuberta Jr. | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 4 | |
| Mailing Address 534 Williams Blvd. | | Transaction ID: ROMERO8977 | |
| City State Zip Code Kenner LA 70062 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | | |
| Name of Employer BFM Corporation LLC Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation President Election Cycle-to-Date ▼ 500.00 | | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 24 / 97 |
| | <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)
CRAIG ROMERO FOR CONGRESS INC.

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|--------|
| A. Full Name (Last, First, Middle Initial) Ronald Fremin Mailing Address 1203 Center Street City State Zip Code New Iberia LA 70560 FEC ID number of contributing federal political committee. C | | Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>4</td> </tr> </table> Transaction ID: ROMERO8941 Amount of Each Receipt this Period <table border="1"> <tr> <td>500.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | | 2 | 2 | | 2 | 0 | 0 | 4 | 500.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 1 | 0 | | 2 | 2 | | 2 | 0 | 0 | 4 | | | | | | | | | | | | | | |
| 500.00 | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer Occupation Fremin's Metal Buildings Owner Receipt For: 2004 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | <table border="1"> <tr> <td>500.00</td> </tr> </table> | 500.00 | | | | | | | | | | | | | | | | | | | | |
| 500.00 | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|---------|
| B. Full Name (Last, First, Middle Initial) Sherwood M. 'Woody' Gagliano Mailing Address 929 E. Lakeview Drive City State Zip Code Baton Rouge LA 70810 FEC ID number of contributing federal political committee. C | | Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>4</td> </tr> </table> Transaction ID: ROMERO8909 Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | | 1 | 8 | | 2 | 0 | 0 | 4 | 1000.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 1 | 0 | | 1 | 8 | | 2 | 0 | 0 | 4 | | | | | | | | | | | | | | |
| 1000.00 | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer Occupation Coastal Environmental Inc. Environmental Scientist Receipt For: 2004 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | <table border="1"> <tr> <td>1000.00</td> </tr> </table> | 1000.00 | | | | | | | | | | | | | | | | | | | | |
| 1000.00 | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|--------|
| C. Full Name (Last, First, Middle Initial) Dennis L. Good Mailing Address P.O. Box 1123 City State Zip Code Slidell LA 70459 FEC ID number of contributing federal political committee. C | | Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>4</td> </tr> </table> Transaction ID: ROMERO8601 Amount of Each Receipt this Period <table border="1"> <tr> <td>500.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | | 2 | 5 | | 2 | 0 | 0 | 4 | 500.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 1 | 0 | | 2 | 5 | | 2 | 0 | 0 | 4 | | | | | | | | | | | | | | |
| 500.00 | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer Occupation Good Streak Marine Executive Receipt For: 2004 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | <table border="1"> <tr> <td>500.00</td> </tr> </table> | 500.00 | | | | | | | | | | | | | | | | | | | | |
| 500.00 | | | | | | | | | | | | | | | | | | | | | | | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 2000.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 25 / 97 |
| | <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)
CRAIG ROMERO FOR CONGRESS INC.

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Kathryn E. Goppelt | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 4 |
| Mailing Address 42291 Clouatre Road | | Transaction ID: ROMERO9223 |
| City State Zip Code Gonzales LA 70737 | Amount of Each Receipt this Period 150.00 | |
| FEC ID number of contributing federal political committee. C | Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation Ford, Bacon, Davis LLC Chemical Engineer | Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| Election Cycle-to-Date 250.00 | | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. Lee J. Guarisco | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 4 |
| Mailing Address 1005 Poplar Street | | Transaction ID: ROMERO8967 |
| City State Zip Code Morgan City LA 70380 | 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 Occupation Retired Retired | Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| Election Cycle-to-Date 250.00 | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Leslie Guidroz | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 4 |
| Mailing Address 7616 Hwy. 1 | | Transaction ID: ROMERO8889 |
| City State Zip Code Lockport LA 70374 | 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 Occupation LG Gabricators LLC Welder | Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| Election Cycle-to-Date 250.00 | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) | 650.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 26 / 97 |
| | <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)
CRAIG ROMERO FOR CONGRESS INC.

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

Mailing Address 271 Glenwood Drive

City State Zip Code
Metairie LA 70005

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

Name of Employer Occupation
CH2M Hill Executive

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

500.00

Date of Receipt
MM / DD / YYYY
11 / 02 / 2004

Transaction ID: ROMERO8991

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)
Gregory J. Hamer Sr.

Mailing Address 805 Pine Street

City State Zip Code
Morgan City LA 70380

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

Name of Employer Occupation
B&G Foods Owner

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

2000.00

Date of Receipt
MM / DD / YYYY
10 / 29 / 2004

Transaction ID: ROMERO8540

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)
Gregory J. Hamer Sr.

Mailing Address 805 Pine Street

City State Zip Code
Morgan City LA 70380

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

Name of Employer Occupation
B&G Foods Owner

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

2000.00

Date of Receipt
MM / DD / YYYY
10 / 29 / 2004

Transaction ID: ROMERO8553

Amount of Each Receipt this Period
1000.00

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

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 1500.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 27 / 97 |
| | <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)
CRAIG ROMERO FOR CONGRESS INC.

| | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|---------|
| A. Full Name (Last, First, Middle Initial) Nita H. Harrington Mailing Address 112 Llansfair Drive City State Zip Code Lafayette LA 70503-8419 | | Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>4</td> </tr> </table> Transaction ID: ROMERO8952 Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | | 2 | 5 | | 2 | 0 | 0 | 4 | 1000.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 1 | 0 | | 2 | 5 | | 2 | 0 | 0 | 4 | | | | | | | | | | | | | | |
| 1000.00 | | | | | | | | | | | | | | | | | | | | | | | |
| 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: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ <table border="1"> <tr> <td>1100.00</td> </tr> </table> | | 1100.00 | | | | | | | | | | | | | | | | | | | | |
| 1100.00 | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|--------|
| B. Full Name (Last, First, Middle Initial) Peter Alan Hetherington Mailing Address 6014 Jade Creek Court City State Zip Code Kingwood TX 77345 | | Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>4</td> </tr> </table> Transaction ID: ROMERO8923 Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | | 1 | 4 | | 2 | 0 | 0 | 4 | 250.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 1 | 0 | | 1 | 4 | | 2 | 0 | 0 | 4 | | | | | | | | | | | | | | |
| 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 Walter Oil & Gas Occupation Executive Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ <table border="1"> <tr> <td>250.00</td> </tr> </table> | | 250.00 | | | | | | | | | | | | | | | | | | | | |
| 250.00 | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|--------|
| C. Full Name (Last, First, Middle Initial) Ted Hicks Mailing Address 13073 Plan Road City State Zip Code Baker LA 70714 | | Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>4</td> </tr> </table> Transaction ID: ROMERO8993 Amount of Each Receipt this Period <table border="1"> <tr> <td>500.00</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 | | 0 | 2 | | 2 | 0 | 0 | 4 | 500.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 1 | 1 | | 0 | 2 | | 2 | 0 | 0 | 4 | | | | | | | | | | | | | | |
| 500.00 | | | | | | | | | | | | | | | | | | | | | | | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer Nottingham Construction Occupation Owner Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ <table border="1"> <tr> <td>500.00</td> </tr> </table> | | 500.00 | | | | | | | | | | | | | | | | | | | | |
| 500.00 | | | | | | | | | | | | | | | | | | | | | | | |

| | |
|--|----------------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 28 / 97 |
| | <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)
CRAIG ROMERO FOR CONGRESS INC.

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. William H. Hidalgo | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 4 | |
| Mailing Address P.O. Box 455 | | Transaction ID: ROMERO8973 | |
| City State Zip Code Patterson LA 70392-0455 | | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation Conrad Industries President | | | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ 500.00 | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Harold (Hal) King | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 4 | |
| Mailing Address P.O. Box 309 | | Transaction ID: ROMERO8728 | |
| City State Zip Code Delcambre LA 70528 | | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation Bayou Shrimp Processors Inc. General Manager | | | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ 500.00 | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Keith A. Landen | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 4 | |
| Mailing Address P.O. Box 1151 | | Transaction ID: ROMERO8568 | |
| City State Zip Code Franklin LA 70538 | | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation Franklin Supply Inc. Business Owner | | | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ 1365.13 | |

| | |
|--|---------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 29 / 97 |
| | <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)
CRAIG ROMERO FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
David L. Landry

Mailing Address P.O. Box 13098

City State Zip Code
New Iberia LA 70562-3098

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

Name of Employer Occupation
Evangeline Life Insurance

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 4

Transaction ID: ROMERO8807

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Cassie Lannie

Mailing Address 102 L Dubois Road

City State Zip Code
New Iberia LA 70560

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

Name of Employer Occupation
Cleco Retired

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

300.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 4

Transaction ID: ROMERO8817

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Rudy B. Laris Jr.

Mailing Address 104 Chateau Drive

City State Zip Code
Lockport LA 70374

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

Name of Employer Occupation
Laris Insurance Agency Vice-President

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 4

Transaction ID: ROMERO8905

Amount of Each Receipt this Period
1000.00

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

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 1350.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 30 / 97 |
| | <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)
CRAIG ROMERO FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
Rudy B. Laris Sr.

Mailing Address 111 Vacherie Street

City Lockport State LA Zip Code 70374

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

Name of Employer Laris Insurance Agency Inc.
Occupation President

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 4

Transaction ID: ROMERO8903

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)
Ross Laris

Mailing Address P.O. Box 128

City Lockport State LA Zip Code 70374

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

Name of Employer Premium Investments LLC
Occupation Manager

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 4

Transaction ID: ROMERO8907

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)
Edward A. Lasalle Jr.

Mailing Address 100 Joliet Street

City New Iberia State LA Zip Code 70563

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

Name of Employer LaSalle Aviation Corporation
Occupation Director

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

Transaction ID: ROMERO8423

Amount of Each Receipt this Period
1000.00

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

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 3000.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 31 / 97 |
| | <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)
CRAIG ROMERO FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
Edward A. Lasalle Jr.

Mailing Address 100 Joliet Street

City State Zip Code
New Iberia LA 70563

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

Name of Employer Occupation
LaSalle Aviation Corporation Director

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00

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

Transaction ID: ROMERO8432

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
R.B. (Burt) Lattimore

Mailing Address 3224 E. St. Bernard Hwy.

City State Zip Code
Meraux LA 70075

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

Name of Employer Occupation
Chalmette Trailer Park Inc. President

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 4

Transaction ID: ROMERO8597

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)
Sharon LeBlanc

Mailing Address 919 Canberra Road

City State Zip Code
Lafayette LA 70503

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

Name of Employer Occupation
Our Lady of Lourdes LIC RN

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 4

Transaction ID: ROMERO8536

Amount of Each Receipt this Period
1000.00

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

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 1500.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 32 / 97 |
| | <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)
CRAIG ROMERO FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
Sharon LeBlanc

Mailing Address 919 Canberra Road

City State Zip Code
Lafayette LA 70503

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

Name of Employer Occupation
Our Lady of Lourdes LIC RN

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 4

Transaction ID: ROMERO8551

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Cecil Jim Looke

Mailing Address 7 Woods Edge Lane

City State Zip Code
Houston TX 77024

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

Name of Employer Occupation
Walter Oil & Gas Engineer

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00

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

Transaction ID: ROMERO8929

Amount of Each Receipt this Period
1500.00

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

C. Full Name (Last, First, Middle Initial)
Jon A. Marshall

Mailing Address P.O. Box 4379

City State Zip Code
Houston TX 77210

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

Name of Employer Occupation
Global Santa Fe President & CEO

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 4

Transaction ID: ROMERO8955

Amount of Each Receipt this Period
2000.00

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

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 3500.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 33 / 97 |
| | <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)
CRAIG ROMERO FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
Jon A. Marshall

Mailing Address P.O. Box 4379

City State Zip Code
Houston TX 77210

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

Name of Employer Occupation
Global Santa Fe President & CEO

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

4000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 4

Transaction ID: ROMERO8957

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
Peter S. Mathies

Mailing Address 830 Napoleon Avenue

City State Zip Code
New Orleans LA 70115

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

Name of Employer Occupation
CH2M Hill Executive

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 4

Transaction ID: ROMERO8981

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)
Richard Miles

Mailing Address P.O. Box 9157

City State Zip Code
Houma LA 70361

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

Name of Employer Occupation
Hope Services President

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

2000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 4

Transaction ID: ROMERO8528

Amount of Each Receipt this Period
1000.00

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

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 3250.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 34 / 97 |
| | <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)
CRAIG ROMERO FOR CONGRESS INC.

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. Richard Miles | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 4 |
| Mailing Address P.O. Box 9157 | | Transaction ID: ROMERO8546 |
| City State Zip Code Houma LA 70361 | Amount of Each Receipt this Period 1000.00 | |
| 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) [MEMO ITEM] | |
| Name of Employer Hope Services Occupation President | Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Election Cycle-to-Date ▼ 2000.00 | | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. Glenn E. Miller | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 4 |
| Mailing Address P.O. Box 4 - 5115 Hwy. 87 | | Transaction ID: ROMERO8591 |
| City State Zip Code Baldwin LA 70514 | 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 Miller Engineers & Associates Occupation Consulting Engineer | Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Election Cycle-to-Date ▼ 250.00 | | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. Craig J. Molaison | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 4 |
| Mailing Address 302 Spyglass Lane | | Transaction ID: ROMERO8960 |
| City State Zip Code Broussard LA 70518 | Amount of Each Receipt this Period 400.00 | |
| 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 DBA Molaison Trucking Occupation Owner | Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Election Cycle-to-Date ▼ 400.00 | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 650.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 35 / 97 |
| | <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)
CRAIG ROMERO FOR CONGRESS INC.

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Tino Mones | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 4 |
| Mailing Address 5325 Delacroix Hwy. | | Transaction ID: ROMERO8636 |
| City State Zip Code St. Bernard LA 70085 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation Tino Mones Seafood Owner | Receipt For: 2004 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Ronald J. Murphy | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 4 |
| Mailing Address 314 N. Post Oak Lane | | Transaction ID: ROMERO8530 |
| City State Zip Code Houston TX 77024-5904 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation Venture Import President | Receipt For: 2004 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2000.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Ronald J. Murphy | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 4 |
| Mailing Address 314 N. Post Oak Lane | | Transaction ID: ROMERO8547 |
| City State Zip Code Houston TX 77024-5904 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation Venture Import President | Receipt For: 2004 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2000.00 | |

[MEMO ITEM]

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2000.00 |
| TOTAL This Period (last page this line number only) ▶ | [] |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 36 / 97 |
| | <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)
CRAIG ROMERO FOR CONGRESS INC.

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Diane Musson | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4 | |
| Mailing Address P.O. Box 12210 | | Transaction ID: ROMERO8780 | |
| City State Zip Code New Iberia LA 70562 | | Amount of Each Receipt this Period 750.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation Musson-Patout Properties Owner | | | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ 1050.00 | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Garrett J. Naquin | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 4 | |
| Mailing Address 105 Exeter Run | | Transaction ID: ROMERO8884 | |
| City State Zip Code Houma LA 70360 | | 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 Occupation FrogCo. Amphibious Equipment Director | | | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ 250.00 | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. J.O. Neuville Sr. | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 4 | |
| Mailing Address 6317 Daspit Road | | Transaction ID: ROMERO8416 | |
| City State Zip Code New Iberia LA 70563-9434 | | Amount of Each Receipt this Period 2000.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation Neuville Boat Works Executive | | | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ 4000.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 3000.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 37 / 97 |
| | <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)
CRAIG ROMERO FOR CONGRESS INC.

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. J.O. Neuville Sr. Mailing Address 6317 Daspit Road City State Zip Code New Iberia LA 70563-9434 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 4 Transaction ID: ROMERO8429 Amount of Each Receipt this Period 2000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM] |
| Name of Employer Occupation Neuville Boat Works Executive Receipt For: 2004 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 4000.00 | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Steve Orlando Mailing Address P.O. Drawer 511 City State Zip Code Morgan City LA 70381 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 4 Transaction ID: ROMERO8414 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Occupation Allison Marine-Fourchon, LLC Executive Receipt For: 2004 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2000.00 | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Steve Orlando Mailing Address P.O. Drawer 511 City State Zip Code Morgan City LA 70381 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 4 Transaction ID: ROMERO8428 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM] |
| Name of Employer Occupation Allison Marine-Fourchon, LLC Executive Receipt For: 2004 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2000.00 | | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1000.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 38 / 97 |
| | <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)
CRAIG ROMERO FOR CONGRESS INC.

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Steve Orlando | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 4 | |
| Mailing Address P.O. Drawer 511 | | Transaction ID: ROMERO8533 | |
| City State Zip Code Morgan City LA 70381 | | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation Allison Marine-Fourchon, LLC Executive | | Election Cycle-to-Date 4000.00 | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Steve Orlando | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 4 | |
| Mailing Address P.O. Drawer 511 | | Transaction ID: ROMERO8549 | |
| City State Zip Code Morgan City LA 70381 | | Amount of Each Receipt this Period 1000.00 | |
| 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) [MEMO ITEM] | |
| Name of Employer Occupation Allison Marine-Fourchon, LLC Executive | | Election Cycle-to-Date 4000.00 | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. L.H. Perez III | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 4 | |
| Mailing Address 11422 Hwy. 23 | | Transaction ID: ROMERO8603 | |
| City State Zip Code Belle Chasse LA 70037 | | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation Delta Holding Co. Inc. Vice President | | Election Cycle-to-Date 500.00 | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |

| | |
|--|---------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 39 / 97 |
| | <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)
CRAIG ROMERO FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
Patrick S. Pescay

Mailing Address 49 Queens Court

City State Zip Code
Chalmette LA 70043

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

Name of Employer Occupation
Crewboats Inc. Executive

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 4

Transaction ID: ROMERO8634

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
Sam M. Poole III

Mailing Address P.O. Box 609

City State Zip Code
Belle Chasse LA 70037

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

Name of Employer Occupation
Premier Industries Director

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 4

Transaction ID: ROMERO8607

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)
David E. Price

Mailing Address 7323 W. Roadway Street

City State Zip Code
New Orleans LA 70124

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

Name of Employer Occupation
CH2M Hill Manager, LA Operations

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 4

Transaction ID: ROMERO8985

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) | 2750.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 40 / 97 |
| | <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)
CRAIG ROMERO FOR CONGRESS INC.

| | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|---------|
| A. Full Name (Last, First, Middle Initial) Kathryn Sherman Mailing Address 7118 Winding Walk Drive City Houston State TX Zip Code 77095 FEC ID number of contributing federal political committee. C | | Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>4</td> </tr> </table> Transaction ID: ROMERO8927 Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | | 1 | 4 | | 2 | 0 | 0 | 4 | 1000.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 1 | 0 | | 1 | 4 | | 2 | 0 | 0 | 4 | | | | | | | | | | | | | | |
| 1000.00 | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer Fluids Management Occupation Executive Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <table border="1"> <tr> <td>1000.00</td> </tr> </table> | | 1000.00 | | | | | | | | | | | | | | | | | | | | | |
| 1000.00 | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|--------|
| B. Full Name (Last, First, Middle Initial) Mitchell D. Smith Mailing Address 3941 Dominique City Chalmette State LA Zip Code 70043 FEC ID number of contributing federal political committee. C | | Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>4</td> </tr> </table> Transaction ID: ROMERO8595 Amount of Each Receipt this Period <table border="1"> <tr> <td>500.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | | 2 | 5 | | 2 | 0 | 0 | 4 | 500.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 1 | 0 | | 2 | 5 | | 2 | 0 | 0 | 4 | | | | | | | | | | | | | | |
| 500.00 | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer The Arabi Grocery Occupation Executive Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <table border="1"> <tr> <td>500.00</td> </tr> </table> | | 500.00 | | | | | | | | | | | | | | | | | | | | | |
| 500.00 | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|--------|
| C. Full Name (Last, First, Middle Initial) Fleix J. Sterfels Mailing Address P.O. Box 608 City Donaldsonville State LA Zip Code 70346 FEC ID number of contributing federal political committee. C | | Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>4</td> </tr> </table> Transaction ID: ROMERO9233 Amount of Each Receipt this Period <table border="1"> <tr> <td>200.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 | | 0 | 2 | | 2 | 0 | 0 | 4 | 200.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 1 | 1 | | 0 | 2 | | 2 | 0 | 0 | 4 | | | | | | | | | | | | | | |
| 200.00 | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer Self Occupation Attorney Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <table border="1"> <tr> <td>500.00</td> </tr> </table> | | 500.00 | | | | | | | | | | | | | | | | | | | | | |
| 500.00 | | | | | | | | | | | | | | | | | | | | | | | |

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|--|----------------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 41 / 97 |
| | <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)
CRAIG ROMERO FOR CONGRESS INC.

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Frances Stewart | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 4 | |
| Mailing Address 11266 Hwy. 23 | | Transaction ID: ROMERO8605 | |
| City State Zip Code Belle Chasse LA 70037 | | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/> | |
| Name of Employer Industrial Pipe Occupation Executive | | | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ 500.00 | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Patrick F. Taylor | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 4 | |
| Mailing Address One Lee Circle | | Transaction ID: ROMERO8538 | |
| City State Zip Code New Orleans LA 70130-3938 | | Amount of Each Receipt this Period 2000.00 | |
| FEC ID number of contributing federal political committee. C | | Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/> | |
| Name of Employer Taylor Energy Company Occupation Executive | | | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ 4000.00 | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Patrick F. Taylor | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 4 | |
| Mailing Address One Lee Circle | | Transaction ID: ROMERO8552 | |
| City State Zip Code New Orleans LA 70130-3938 | | Amount of Each Receipt this Period 2000.00 | |
| FEC ID number of contributing federal political committee. C | | Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/> | |
| Name of Employer Taylor Energy Company Occupation Executive | | | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ 4000.00 | |

[MEMO ITEM]

| | |
|--|---------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 42 / 97 |
| | <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)
CRAIG ROMERO FOR CONGRESS INC.

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Jerry Trahan | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 4 | |
| Mailing Address P.O. Box 309 | | Transaction ID: ROMERO8778 | |
| City State Zip Code Broussard LA 70518 | | Amount of Each Receipt this Period 200.00 | |
| 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 Kwick-Konnect Tubular Systems Occupation Owner | | Election Cycle-to-Date 600.00 | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Barry Vinson | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 4 | |
| Mailing Address 6203 Hwy. 90 West | | Transaction ID: ROMERO8413 | |
| City State Zip Code New Iberia LA 70560 | | Amount of Each Receipt this Period 1150.00 | |
| 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 Sub-Surface Tools Occupation Executive | | Election Cycle-to-Date 2300.00 | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Barry Vinson | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 4 | |
| Mailing Address 6203 Hwy. 90 West | | Transaction ID: ROMERO8427 | |
| City State Zip Code New Iberia LA 70560 | | Amount of Each Receipt this Period 1150.00 | |
| 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 Sub-Surface Tools Occupation Executive | | Election Cycle-to-Date 2300.00 | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | [MEMO ITEM] | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 1350.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 43 / 97 |
| | <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)
CRAIG ROMERO FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
John Vinson

Mailing Address 1700 Main Street

City Patterson State LA Zip Code 70392

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

Name of Employer Sub-Surface Tools Occupation Executive

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

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

Transaction ID: ROMERO8431

Amount of Each Receipt this Period
 2000.00

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

B. Full Name (Last, First, Middle Initial)
John Vinson

Mailing Address 1700 Main Street

City Patterson State LA Zip Code 70392

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

Name of Employer Sub-Surface Tools Occupation Executive

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

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

Transaction ID: ROMERO8936

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)
Jo Ann Vinson

Mailing Address

City State Zip Code

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

Name of Employer Sub-Surface Tools Occupation Executive

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 2 5 / 2 0 0 4

Transaction ID: ROMERO8958

Amount of Each Receipt this Period
 2000.00

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

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 4000.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 44 / 97 |
| | <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)
CRAIG ROMERO FOR CONGRESS INC.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Albert W. Waller | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 4 |
| Mailing Address 1004 Missouri Street | | Transaction ID: ROMERO8615 |
| City Chalmette | State LA | Zip Code 70043 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer Fradella's Collision Center Inc | Occupation Executive | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 500.00 | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. J.C. Walter III | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4 |
| Mailing Address 1100 Louisiana Suite 200 | | Transaction ID: ROMERO8933 |
| City Houston | State TX | Zip Code 77002 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 2000.00 |
| Name of Employer Walter Oil & Gas | Occupation Geologist | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2000.00 | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Emile J. Barras | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 0 4 |
| Mailing Address 4063 Catahoula Hwy. | | Transaction ID: ROMERO8667 |
| City St. Martinville | State LA | Zip Code 70582-7003 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 2000.00 |
| Name of Employer Retired | Occupation Retired | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2000.00 | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 4500.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 45 / 97 |
| | <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)
CRAIG ROMERO FOR CONGRESS INC.

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Doris B. Barras | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 0 4 | |
| Mailing Address 4063 Catahoula Hwy. | | Transaction ID: ROMERO8668 | |
| City State Zip Code St. Martinville LA 70582 | | Amount of Each Receipt this Period 2000.00 | |
| 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 Retired Occupation Retired | | | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ 2000.00 | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. John F. Boudreaux | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 0 4 | |
| Mailing Address 111 Tulip Tree Lane | | Transaction ID: ROMERO8660 | |
| City State Zip Code Broussard LA 70518 | | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer 51 Oil Occupation Executive | | | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ 500.00 | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. F. Gary Brewer Jr. | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 0 4 | |
| Mailing Address 1608 St. Mary Street | | Transaction ID: ROMERO8678 | |
| City State Zip Code Scott LA 70583 | | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer BMB Properties LLC Occupation Partner | | | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ 500.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 3000.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 46 / 97 |
| | <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)
CRAIG ROMERO FOR CONGRESS INC.

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Katie Bulliard | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 0 4 | |
| Mailing Address 1086-A Conde Raod | | Transaction ID: ROMERO8670 | |
| City State Zip Code St. Martinville LA 70582 | | Amount of Each Receipt this Period 2000.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation Cajun Chef Products Executive | | Election Cycle-to-Date 2000.00 | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Election Cycle-to-Date 2000.00 | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Jane E. Bulliard | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 0 4 | |
| Mailing Address P.O. Box 248 | | Transaction ID: ROMERO8672 | |
| City State Zip Code St. Martinville LA 70582 | | Amount of Each Receipt this Period 2000.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation Cajun Chef Owner | | Election Cycle-to-Date 2000.00 | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Election Cycle-to-Date 2000.00 | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Zachary A. Casey | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 4 | |
| Mailing Address 1310 Carroll Street | | Transaction ID: ROMERO8687 | |
| City State Zip Code Kenner LA 70062 | | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation Pelts & Skins LLC President, CEO | | Election Cycle-to-Date 500.00 | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Election Cycle-to-Date 500.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 4500.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 47 / 97 |
| | <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)
CRAIG ROMERO FOR CONGRESS INC.

| | | |
|---|---|---|
| A. Full Name (Last, First, Middle Initial) Rene P. Cross | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 0 4 |
| Mailing Address P.O. Box 34 | | Transaction ID: ROMERO8642 |
| City State Zip Code Belle Chasse LA 70037 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation Rene Cross Construction Owner | Election Cycle-to-Date 500.00 | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date | |

| | | |
|---|---|---|
| B. Full Name (Last, First, Middle Initial) Lydia Degueyter | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 0 4 |
| Mailing Address 208 Doyle Drive | | Transaction ID: ROMERO8650 |
| City State Zip Code Lafayette LA 70508 | Amount of Each Receipt this Period 2000.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation CLM Equipment Co. Inc. | Election Cycle-to-Date 2000.00 | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date | |

| | | |
|---|---|---|
| C. Full Name (Last, First, Middle Initial) Cheryl L. Delcambre | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 8 / 2 0 0 4 |
| Mailing Address 610 Magnolia Ave. | | Transaction ID: ROMERO8691 |
| City State Zip Code New Iberia LA 70563 | Amount of Each Receipt this Period 2000.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation Self Homemaker | Election Cycle-to-Date 2000.00 | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 4500.00 |
| TOTAL This Period (last page this line number only) | _____ |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 48 / 97 |
| | <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)
CRAIG ROMERO FOR CONGRESS INC.

| | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|--------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------|
| A. Full Name (Last, First, Middle Initial) Paul R. Dufrene III Mailing Address P.O. Box 176 City State Zip Code Cut Off LA 70345 FEC ID number of contributing federal political committee. C | | Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>2</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>4</td> </tr> </table> Transaction ID: ROMERO8945 Amount of Each Receipt this Period <table border="1"> <tr> <td>500.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 | / | 2 | 2 | / | 2 | 0 | 0 | 4 | 500.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 1 | 1 | / | 2 | 2 | / | 2 | 0 | 0 | 4 | | | | | | | | | | | | | | |
| 500.00 | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer Occupation Triple Son Farms Self Receipt For: 2004 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | <table border="1"> <tr> <td>500.00</td> </tr> </table> | 500.00 | | | | | | | | | | | | | | | | | | | | |
| 500.00 | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|---------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---------|
| B. Full Name (Last, First, Middle Initial) Glenn Evans Mailing Address 3614 Loreaurille Road City State Zip Code New Iberia LA 70563-0987 FEC ID number of contributing federal political committee. C | | Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>4</td> </tr> </table> Transaction ID: ROMERO8680 Amount of Each Receipt this Period <table border="1"> <tr> <td>2000.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 | / | 1 | 2 | / | 2 | 0 | 0 | 4 | 2000.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 1 | 1 | / | 1 | 2 | / | 2 | 0 | 0 | 4 | | | | | | | | | | | | | | |
| 2000.00 | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer Occupation Lynn Romero Trucking Manager Receipt For: 2004 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | <table border="1"> <tr> <td>2000.00</td> </tr> </table> | 2000.00 | | | | | | | | | | | | | | | | | | | | |
| 2000.00 | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|---------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---------|
| C. Full Name (Last, First, Middle Initial) Brenda D. Garber Mailing Address 608 Techeview City State Zip Code Berwick LA 70342 FEC ID number of contributing federal political committee. C | | Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>4</td> </tr> </table> Transaction ID: ROMERO8697 Amount of Each Receipt this Period <table border="1"> <tr> <td>2000.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 | / | 1 | 8 | / | 2 | 0 | 0 | 4 | 2000.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 1 | 1 | / | 1 | 8 | / | 2 | 0 | 0 | 4 | | | | | | | | | | | | | | |
| 2000.00 | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer Occupation Self Housewife Receipt For: 2004 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | <table border="1"> <tr> <td>2000.00</td> </tr> </table> | 2000.00 | | | | | | | | | | | | | | | | | | | | |
| 2000.00 | | | | | | | | | | | | | | | | | | | | | | | |

| | | |
|--|---|----------------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 4500.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 49 / 97 |
| | <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)
CRAIG ROMERO FOR CONGRESS INC.

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Edna Haas Gesser | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 4 |
| Mailing Address 802 Rue Royale | | Transaction ID: ROMERO8684 |
| City New Iberia | State LA | Zip Code 70563 |
| Amount of Each Receipt this Period 2000.00 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer n/a | Occupation Housewife | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2000.00 | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Melissa Q. Hebert | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 8 / 2 0 0 4 |
| Mailing Address 6813 Sugar Oaks Road | | Transaction ID: ROMERO8695 |
| City New Iberia | State LA | Zip Code 70563-2130 |
| Amount of Each Receipt this Period 2000.00 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Self | Occupation Homemaker | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2000.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Troy Hebert | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 4 |
| Mailing Address P.O. Box 981 | | Transaction ID: ROMERO9247 |
| City Jeanerette | State LA | Zip Code 70544 |
| Amount of Each Receipt this Period 2000.00 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Broadmoor Hills, LLC | Occupation Contractor/Developer | |
| Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 4000.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 6000.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 50 / 97 |
| | <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)
CRAIG ROMERO FOR CONGRESS INC.

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Troy Hebert | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 4 |
| Mailing Address P.O. Box 981 | | Transaction ID: ROMERO9250 |
| City State Zip Code Jeanerette LA 70544 | Amount of Each Receipt this Period 2000.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation Broadmoor Hills, LLC Contractor/Developer | | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 4000.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Lana J. Hingle | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 0 4 |
| Mailing Address 401 Whitney Ave Suite 400 | | Transaction ID: ROMERO8644 |
| City State Zip Code Gretna LA 70056 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation Torch Offshore Owner | | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 500.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Ken Hollis | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 8 / 2 0 0 4 |
| Mailing Address 2800 Veterans Blvd. Suite 365 | | Transaction ID: ROMERO8648 |
| City State Zip Code Metairie LA 70002 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation Hollis Companies Owner | | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 500.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 3000.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 51 / 97 |
| | <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)
CRAIG ROMERO FOR CONGRESS INC.

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) A. Brenda T. LaBiche | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 0 4 | |
| Mailing Address 3938 Bayou Blvd. | | Transaction ID: ROMERO8674 | |
| City State Zip Code New Iberia LA 70563 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | | |
| Name of Employer Occupation LaBiche Engineering Owner | Election Cycle-to-Date 2004 1000.00 | | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) B. Frank Minvielle | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 0 4 | |
| Mailing Address 2714 1/2 W. Main Street | | Transaction ID: ROMERO8676 | |
| City State Zip Code Jeanerette LA 70544 | 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 Occupation Cameco Executive | Election Cycle-to-Date 2004 250.00 | | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) C. Leisa Quinlan | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 0 4 | |
| Mailing Address 6803 Sugar Oaks Road | | Transaction ID: ROMERO8656 | |
| City State Zip Code New Iberia LA 70563 | Amount of Each Receipt this Period 2000.00 | | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | | |
| Name of Employer Occupation Self Homemaker | Election Cycle-to-Date 2004 2000.00 | | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 3250.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 52 / 97 |
| | <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)
CRAIG ROMERO FOR CONGRESS INC.

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Peggy Quintan | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 0 4 |
| Mailing Address 6909 Sugar Oaks Road | | Transaction ID: ROMERO8658 |
| City State Zip Code New Iberia LA 70560-9260 | Amount of Each Receipt this Period 2000.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation ICT Insurance Executive | Election Cycle-to-Date 2000.00 | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Wendy B. Romero | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 0 4 |
| Mailing Address 3416 Captain Cade Road | | Transaction ID: ROMERO8661 |
| City State Zip Code Broussard LA 70518-9801 | Amount of Each Receipt this Period 2000.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation Todd's Sales & Service Executive | Election Cycle-to-Date 2000.00 | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Belinda F. Romero | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 0 4 |
| Mailing Address 205-B Acadian Street | | Transaction ID: ROMERO8682 |
| City State Zip Code New Iberia LA 70560 | Amount of Each Receipt this Period 2000.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation Lynn Romero Trucking Secretary | Election Cycle-to-Date 2000.00 | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 6000.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 53 / 97 |
| | <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)
CRAIG ROMERO FOR CONGRESS INC.

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Stacy C. Salyers | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 8 / 2 0 0 4 |
| Mailing Address 12211 Laneview Drive | | Transaction ID: ROMERO8693 |
| City State Zip Code Houston TX 77070 | Amount of Each Receipt this Period 2000.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation Global Santa Fe Executive | Election Cycle-to-Date 2000.00 | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. W. Paul Segura Jr. | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 0 4 |
| Mailing Address 304 LaRue France Suite 107 | | Transaction ID: ROMERO9002 |
| City State Zip Code Lafayette LA 70508 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation Segura Real Estate Agent | Election Cycle-to-Date 500.00 | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Sondra Stokes | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 0 4 |
| Mailing Address 116 W. Lawrence Street | | Transaction ID: ROMERO8663 |
| City State Zip Code New Iberia LA 70563 | Amount of Each Receipt this Period 2000.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation Stokes Tropicals Executive | Election Cycle-to-Date 2000.00 | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 4500.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 54 / 97 |
| | <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)
CRAIG ROMERO FOR CONGRESS INC.

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Leif E. Stokes | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 0 4 |
| Mailing Address 2005 Windmill Circle | | Transaction ID: ROMERO8665 |
| City State Zip Code New Iberia LA 70563 | Amount of Each Receipt this Period 2000.00 | |
| 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 Mosquito Control Contractors Occupation Executive | Election Cycle-to-Date 2000.00 | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Anne B. Taquino | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 8 / 2 0 0 4 |
| Mailing Address 542 Bayview Drive | | Transaction ID: ROMERO8689 |
| City State Zip Code Cypremort Point LA 70538 | Amount of Each Receipt this Period 2000.00 | |
| 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 Self | Election Cycle-to-Date 2000.00 | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. J.P. Taylor | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 8 / 2 0 0 4 |
| Mailing Address 106 N. Richard Street | | Transaction ID: ROMERO9259 |
| City State Zip Code Delcambre LA 70528 | Amount of Each Receipt this Period 2000.00 | |
| 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 Bayou Carlin Shrimp Shop Occupation Manager | Election Cycle-to-Date 2000.00 | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 6000.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 55 / 97 |
| | <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)
CRAIG ROMERO FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
Jeanette R. Theriot

Mailing Address 119 Isaiah Drive

City State Zip Code
Lafayette LA 70508

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

Name of Employer Occupation
T&T Well Testors Inc. Executive

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
11 / 12 / 2004

Transaction ID: ROMERO8651

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)
Salvador Velazquez

Mailing Address P.O. Box 1700

City State Zip Code
Chalmette LA 70044

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

Name of Employer Occupation
Louisiana Heart Center Doctor

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
11 / 12 / 2004

Transaction ID: ROMERO8646

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)
Barbara Verret

Mailing Address 1401 Southport Blvd.

City State Zip Code
New Iberia LA 70560

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

Name of Employer Occupation
Homemaker

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
903.16

Date of Receipt
MM / DD / YYYY
11 / 16 / 2004

Transaction ID: ROMERO8686

Amount of Each Receipt this Period
903.16

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

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 2403.16 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 56 / 97 |
| | (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)
CRAIG ROMERO FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
Jody Wade

Mailing Address 4708 Old Jeanerette Road

City State Zip Code
New Iberia LA 70563

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

Name of Employer Occupation
Dauterive Contractors Executive

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
417.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 0 4

Transaction ID: ROMERO8699

Amount of Each Receipt this Period
417.00

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

B. Full Name (Last, First, Middle Initial)
Nicole M. Williams

Mailing Address 3604 Northside Road

City State Zip Code
New Iberia LA 70563

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

Name of Employer Occupation
Self Interior Designer

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 0 4

Transaction ID: ROMERO9257

Amount of Each Receipt this Period
2000.00

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

| | | |
|--|---|-----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 2417.00 |
| TOTAL This Period (last page this line number only) | ▶ | 126245.16 |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 57 / 97 |
| | (check only one) | |
| <input type="checkbox"/> 11a | <input checked="" 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)
CRAIG ROMERO FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
Louisiana's Pro Israel PAC (LASPAC)

Mailing Address P.O. Box 80395

City State Zip Code
Baton Rouge LA 70898-0395

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

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

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

Transaction ID: ROMERO8523

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)
Louisiana's Pro Israel PAC (LASPAC)

Mailing Address P.O. Box 80395

City State Zip Code
Baton Rouge LA 70898-0395

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

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

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

Transaction ID: ROMERO8527

Amount of Each Receipt this Period
1000.00

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

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1000.00 |
| TOTAL This Period (last page this line number only) | ▶ | 1000.00 |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 58 / 97 |
| | (check only one) | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 12 | <input checked="" type="checkbox"/> 13a | <input type="checkbox"/> 13b |
| | | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
CRAIG ROMERO FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
Craig F. Romero

Mailing Address 103 LITTLE BEAVER LANE

City State Zip Code
NEW IBERIA LA 70560

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

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
70000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 0 | 1 | / | 2 | 0 | 0 | 4 |

Transaction ID: 1123792473701

Amount of Each Receipt this Period
70000.00

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

lending institution

| | | |
|--|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 70000.00 |
| TOTAL This Period (last page this line number only) | ▶ | 70000.00 |

**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)

PAGE 59 / 97

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
CRAIG ROMERO FOR CONGRESS INC.

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) A. Darlene H. Barras | | Transaction ID: ROMERO9120 Date of Disbursement 10 / 15 / 2004 | |
| Mailing Address 2205 Kramer Drive | | Amount of Each Disbursement this Period 500.00 | |
| City New Iberia State LA Zip Code 70560 | Purpose of Disbursement Contract Labor Candidate Name | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) B. Darlene H. Barras | | Transaction ID: ROMERO9127 Date of Disbursement 10 / 29 / 2004 | |
| Mailing Address 2205 Kramer Drive | | Amount of Each Disbursement this Period 500.00 | |
| City New Iberia State LA Zip Code 70560 | Purpose of Disbursement Contract Labor Candidate Name | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) C. Bayou Civic Club Inc. | | Transaction ID: ROMERO9024 Date of Disbursement 10 / 25 / 2004 | |
| Mailing Address P.O. Box 1105 | | Amount of Each Disbursement this Period 250.00 | |
| City Larose State LA Zip Code 70373 | Purpose of Disbursement Advertising Candidate Name | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type 001 | |

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1250.00 |
| 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)

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

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NAME OF COMMITTEE (In Full)
CRAIG ROMERO FOR CONGRESS INC.

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. BellSouth | | Transaction ID: ROMERO9049 Date of Disbursement 10 / 14 / 2004 |
| Mailing Address P.O. Box 105503 | | Amount of Each Disbursement this Period 1128.31 |
| City Atlanta State GA Zip Code 30348 | Purpose of Disbursement Telephone Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| Category/Type: 001 | | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. Bon Rasha Companies | | Transaction ID: ROMERO9027 Date of Disbursement 10 / 15 / 2004 |
| Mailing Address 1304 Southport Blvd. | | Amount of Each Disbursement this Period 250.00 |
| City New Iberia State LA Zip Code 70560 | Purpose of Disbursement Canvassing Candidate Name | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| Category/Type: 001 | | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. Bon Rasha Companies | | Transaction ID: ROMERO9028 Date of Disbursement 10 / 29 / 2004 |
| Mailing Address 1304 Southport Blvd. | | Amount of Each Disbursement this Period 250.00 |
| City New Iberia State LA Zip Code 70560 | Purpose of Disbursement Canvassing Candidate Name | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| Category/Type: 001 | | |

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1628.31 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CRAIG ROMERO FOR CONGRESS INC.

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Bon Rasha Companies | | Transaction ID: ROMERO9029 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 4 |
| Mailing Address 1304 Southport Blvd | | Amount of Each Disbursement this Period 250.00 |
| City New Iberia State LA Zip Code 70560 | Purpose of Disbursement Canvassing Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Bon Rasha Companies | | Transaction ID: ROMERO9030 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 4 |
| Mailing Address 1304 Southport Blvd | | Amount of Each Disbursement this Period 1400.00 |
| City New Iberia State LA Zip Code 70560 | Purpose of Disbursement Canvassing Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Joe Broussard | | Transaction ID: ROMERO9213 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 4 |
| Mailing Address 44095 Ray Kelley Road | | Amount of Each Disbursement this Period 350.00 |
| City St. Amant State LA Zip Code 70774 | Purpose of Disbursement In-kind - Fundraising Event Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 2000.00 |
| 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)
CRAIG ROMERO FOR CONGRESS INC.

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Cajun Cruisers | | Transaction ID: ROMERO9026 Date of Disbursement 10 / 29 / 2004 |
| Mailing Address 1619 Jefferson Island Road | | 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 |
| City New Iberia State LA Zip Code 70560 | Purpose of Disbursement Advertising Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Category/Type | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Cingular Wireless | | Transaction ID: ROMERO9040 Date of Disbursement 10 / 14 / 2004 |
| Mailing Address P.O. Box 772349 | | Amount of Each Disbursement this Period 112.39 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Ocala State FL Zip Code 34477 | Purpose of Disbursement Cellular Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Category/Type 001 | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Cingular Wireless | | Transaction ID: ROMERO9041 Date of Disbursement 10 / 14 / 2004 |
| Mailing Address P.O. Box 772349 | | Amount of Each Disbursement this Period 53.53 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Ocala State FL Zip Code 34477 | Purpose of Disbursement Cellular Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Category/Type 001 | | |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 365.92 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

**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)
CRAIG ROMERO FOR CONGRESS INC.

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Cingular Wireless | | Transaction ID: ROMERO9042 Date of Disbursement 10 / 25 / 2004 |
| Mailing Address P.O. Box 772349 | | Amount of Each Disbursement this Period 85.48 |
| City Ocala State FL Zip Code 34477 | Purpose of Disbursement Cellular Candidate Name Category/Type 001 | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Cingular Wireless | | Transaction ID: ROMERO9043 Date of Disbursement 10 / 25 / 2004 |
| Mailing Address P.O. Box 772349 | | Amount of Each Disbursement this Period 112.39 |
| City Ocala State FL Zip Code 34477 | Purpose of Disbursement Cellular Candidate Name Category/Type 001 | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Community First Bank | | Transaction ID: 1174655610027 Date of Disbursement 10 / 31 / 2004 |
| Mailing Address PO Box 11440 | | Amount of Each Disbursement this Period 24.00 |
| City New Iberia State LA Zip Code 70562-1440 | Purpose of Disbursement Cycle charges Candidate Name Category/Type 001 | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 221.87 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

**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)
CRAIG ROMERO FOR CONGRESS INC.

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. Community First Bank | | Transaction ID: 1174657079352 Date of Disbursement 10 / 21 / 2004 |
| Mailing Address PO Box 11440 | | Amount of Each Disbursement this Period 15.00 |
| City New Iberia State LA Zip Code 70562-1440 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Wire transfer fee | | Category/Type 001 |
| Candidate Name | | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: |
| Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. Community First Bank | | Transaction ID: ROMERO9039 Date of Disbursement 10 / 25 / 2004 |
| Mailing Address P.O. Box 11440 | | Amount of Each Disbursement this Period 100.00 |
| City New Iberia State LA Zip Code 70562-1440 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Bank Charges | | Category/Type |
| Candidate Name | | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: |
| Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) C. DMD Marketing | | Transaction ID: ROMERO9019 Date of Disbursement 11 / 01 / 2004 |
| Mailing Address 3599 Marshall Ln STE F | | Amount of Each Disbursement this Period 27910.80 |
| City Bensalem State PA Zip Code 19020 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Telephone Calls | | Category/Type 001 |
| Candidate Name | | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: |
| Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

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|--|-----------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 28025.80 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CRAIG ROMERO FOR CONGRESS INC.

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. DMD Marketing | | Transaction ID: ROMERO9021 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 4 |
| Mailing Address 3599 Marshall Ln STE F | | Amount of Each Disbursement this Period 20515.00 |
| City Bensalem State PA Zip Code 19020 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Telephone Calls Candidate Name | Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Chester Diez | | Transaction ID: ROMERO9216 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 4 |
| Mailing Address 38192 Bantam Tracks Road | | Amount of Each Disbursement this Period 225.00 |
| City Gonzales State LA Zip Code 70737 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement In-kind - Fundraising Event Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Dominique Ducote | | Transaction ID: ROMERO9124 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 4 |
| Mailing Address 1908 Edson | | Amount of Each Disbursement this Period 500.00 |
| City New Iberia State LA Zip Code 70560 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Contract Labor Candidate Name | Category/Type 001 | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|----------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 21240.00 |
| 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)

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

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NAME OF COMMITTEE (In Full)
CRAIG ROMERO FOR CONGRESS INC.

| | | |
|---|--|---|
| A. Dominique Ducote Full Name (Last, First, Middle Initial) Mailing Address 1908 Edson City New Iberia State LA Zip Code 70560 Purpose of Disbursement Contract Labor Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: ROMERO9129 Date of Disbursement 10 / 29 / 2004 Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|---|--|---|

| | | |
|---|--|---|
| B. Entergy Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 61009 City New Orleans State LA Zip Code 70161 Purpose of Disbursement Electricity Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: ROMERO9046 Date of Disbursement 10 / 14 / 2004 Amount of Each Disbursement this Period 386.06 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|---|--|---|

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|--|--|--|
| C. Roy Fletcher Inc. Full Name (Last, First, Middle Initial) Mailing Address 220 Delgado Dr City Baton Rouge State LA Zip Code 70808 Purpose of Disbursement Television Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: ROMERO9022 Date of Disbursement 10 / 27 / 2004 Amount of Each Disbursement this Period 2500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|--|--|--|

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 3386.06 |
| 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)
CRAIG ROMERO FOR CONGRESS INC.

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Roy Fletcher Inc. | | Transaction ID: ROMERO9023 Date of Disbursement 10 / 29 / 2004 |
| Mailing Address 220 Delgado Dr | | Amount of Each Disbursement this Period 10015.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Baton Rouge | State LA Zip Code 70808 | |
| Purpose of Disbursement Television | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Food-N-Fun, Inc. | | Transaction ID: ROMERO9032 Date of Disbursement 10 / 23 / 2004 |
| Mailing Address 118 W. 1st Street | | Amount of Each Disbursement this Period 41.35 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Kaplan | State LA Zip Code 70548-4917 | |
| Purpose of Disbursement Gasoline | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

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|---|--|--|
| Full Name (Last, First, Middle Initial) C. Garry Printing | | Transaction ID: ROMERO9052 Date of Disbursement 10 / 28 / 2004 |
| Mailing Address 109 Research Drive | | Amount of Each Disbursement this Period 12199.86 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City New Orleans | State LA Zip Code 70123 | |
| Purpose of Disbursement Printing of Campaign Materials | | |
| Candidate Name | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional) | 22256.21 |
| TOTAL This Period (last page this line number only) | (Empty box) |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CRAIG ROMERO FOR CONGRESS INC.

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Gazette, The | | Transaction ID: ROMERO9010 Date of Disbursement 10 / 27 / 2004 | |
| Mailing Address 12958 E. Main Street | | Amount of Each Disbursement this Period 700.00 | |
| City New Iberia State LA Zip Code 70373 | Purpose of Disbursement Newspaper Candidate Name | Category/Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Joel Greene | | Transaction ID: ROMERO9133 Date of Disbursement 10 / 29 / 2004 | |
| Mailing Address 1125 W> Simcoe St. | | Amount of Each Disbursement this Period 500.00 | |
| City Lafayette State LA Zip Code 70501 | Purpose of Disbursement Fliers Candidate Name | Category/Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Joel Greene | | Transaction ID: ROMERO9137 Date of Disbursement 10 / 14 / 2004 | |
| Mailing Address 1125 W. Simcoe St. | | Amount of Each Disbursement this Period 1000.00 | |
| City Lafayette State LA Zip Code 70501 | Purpose of Disbursement Mailing Expense Candidate Name | Category/Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 2200.00 |
| 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)

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

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NAME OF COMMITTEE (In Full)
CRAIG ROMERO FOR CONGRESS INC.

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. Iberia Office Supply, Inc. | | Transaction ID: ROMERO9140 Date of Disbursement 10 / 29 / 2004 |
| Mailing Address 1110 Center Street | | Amount of Each Disbursement this Period 348.85 |
| City New Iberia State LA Zip Code 70560 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Office supplies Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. KPEL Radio | | Transaction ID: ROMERO9015 Date of Disbursement 11 / 01 / 2004 |
| Mailing Address 1749 Bertrand Drive | | Amount of Each Disbursement this Period 418.00 |
| City Lafayette State LA Zip Code 70506 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Radio Candidate Name | | Category/Type 001 |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) C. J.M. Landry & Associates | | Transaction ID: ROMERO9055 Date of Disbursement 10 / 29 / 2004 |
| Mailing Address | | Amount of Each Disbursement this Period 2000.00 |
| City State ?? Zip Code | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Campaign Work Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 2766.85 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CRAIG ROMERO FOR CONGRESS INC.

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Michael Migues | | Transaction ID: ROMERO9122 Date of Disbursement 10 / 15 / 2004 | |
| Mailing Address 314 Front Street | | Amount of Each Disbursement this Period 600.00 | |
| City New Iberia State LA Zip Code 70563 | Purpose of Disbursement Contract Labor Candidate Name | 001 Category/ Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Michael Migues | | Transaction ID: ROMERO9130 Date of Disbursement 10 / 29 / 2004 | |
| Mailing Address 314 Front Street | | Amount of Each Disbursement this Period 600.00 | |
| City New Iberia State LA Zip Code 70563 | Purpose of Disbursement Contract Labor Candidate Name | 001 Category/ Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Paula B. Mire Et Al | | Transaction ID: ROMERO9048 Date of Disbursement 10 / 29 / 2004 | |
| Mailing Address 2706 Curtis Lane | | Amount of Each Disbursement this Period 600.00 | |
| City New Iberia State LA Zip Code 70560 | Purpose of Disbursement Rent Candidate Name | 001 Category/ Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1800.00 |
| 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)
CRAIG ROMERO FOR CONGRESS INC.

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. National Capital Teleservices | | Transaction ID: ROMERO9017 Date of Disbursement 10 / 29 / 2004 |
| Mailing Address 904 S. Broadway | | Amount of Each Disbursement this Period 10015.00 |
| City Baltimore State MD Zip Code 21231 | Purpose of Disbursement Telephone calls Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Political Solutions, Inc. | | Transaction ID: 1174656911016 Date of Disbursement 10 / 29 / 2004 |
| Mailing Address 5101 MacArthur Blvd. Suite 200 | | Amount of Each Disbursement this Period 7496.90 |
| City Washington State DC Zip Code 20016 | Purpose of Disbursement Political consulting Candidate Name Category/Type 001 | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Political Solutions | | Transaction ID: ROMERO9009 Date of Disbursement 11 / 02 / 2004 |
| Mailing Address 5101 McArthur Blvd., NW Suite 200 | | Amount of Each Disbursement this Period 3810.00 |
| City Washington, State DC Zip Code 20010 | Purpose of Disbursement Advertising - E-Mails Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 21321.90 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CRAIG ROMERO FOR CONGRESS INC.

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Political Solutions | | Transaction ID: ROMERO9138 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4 |
| Mailing Address 5101 McArthur Blvd., NW Suite 200 | | Amount of Each Disbursement this Period 105000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Washington, State DC Zip Code 20010 | | |
| Purpose of Disbursement Mailouts Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Political Solutions | | Transaction ID: ROMERO9139 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 4 |
| Mailing Address 5101 McArthur Blvd., NW Suite 200 | | Amount of Each Disbursement this Period 30925.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Washington, State DC Zip Code 20010 | | |
| Purpose of Disbursement Mailouts Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Print-All Inc. | | Transaction ID: ROMERO9051 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 4 |
| Mailing Address 613 Barrow Street | | Amount of Each Disbursement this Period 5207.83 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Houma, State LA Zip Code 70360 | | |
| Purpose of Disbursement Printing of Campaign Materials Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 141133.33 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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)
CRAIG ROMERO FOR CONGRESS INC.

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. Progressive | | Transaction ID: ROMERO9136 Date of Disbursement 10 / 22 / 2004 |
| Mailing Address 6300 Wilson Mills Rd. | | Amount of Each Disbursement this Period 141.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Mayfield Village | State OH | |
| Zip Code 44143 | Purpose of Disbursement Insurance Candidate Name | |
| Category/Type 001 | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. Cecilia Resweber | | Transaction ID: ROMERO9121 Date of Disbursement 10 / 15 / 2004 |
| Mailing Address 1376 Burton Plantation Hwy | | Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City St. Martinville | State LA | |
| Zip Code 70582 | Purpose of Disbursement Contract Labor Candidate Name | |
| Category/Type 001 | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) C. Cecilia Resweber | | Transaction ID: ROMERO9126 Date of Disbursement 10 / 25 / 2004 |
| Mailing Address 1376 Burton Plantation Hwy | | Amount of Each Disbursement this Period 300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City St. Martinville | State LA | |
| Zip Code 70582 | Purpose of Disbursement Contract Labor Candidate Name | |
| Category/Type 001 | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

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|--|---------------|
| SUBTOTAL of Disbursements This Page (optional) | 941.00 |
| 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)

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

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NAME OF COMMITTEE (In Full)
CRAIG ROMERO FOR CONGRESS INC.

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Signs Today of Donaldsonville | | Transaction ID: ROMERO9202 Date of Disbursement 10 / 18 / 2004 |
| Mailing Address 610 1/2 W. 6th Street | | Amount of Each Disbursement this Period 1871.63 |
| City Donaldsonville State LA Zip Code 70346 | Purpose of Disbursement Yard Signs Candidate Name Category/Type 001 | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Southern Media | | Transaction ID: ROMERO9143 Date of Disbursement 10 / 22 / 2004 |
| Mailing Address 727 Spain Street | | Amount of Each Disbursement this Period 3600.00 |
| City Baton Rouge State LA Zip Code 70801 | Purpose of Disbursement Opinion Poll Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Streva Distributing Company | | Transaction ID: ROMERO9144 Date of Disbursement 11 / 02 / 2004 |
| Mailing Address 333 Worth Avenue | | Amount of Each Disbursement this Period 352.93 |
| City Lafayette State LA Zip Code 70508 | Purpose of Disbursement Refreshments Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 5824.56 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CRAIG ROMERO FOR CONGRESS INC.

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Sandra Trahan | | Transaction ID: ROMERO9117 Date of Disbursement 10 / 15 / 2004 |
| Mailing Address 4909 Highway 14 | | Amount of Each Disbursement this Period 100.00 |
| City New Iberia State LA Zip Code 70560 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Cleaning Fee | | Category/ Type 001 |
| Candidate Name | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Donna Trahan | | Transaction ID: ROMERO9123 Date of Disbursement 10 / 15 / 2004 |
| Mailing Address 511 Candle Glow Drive | | Amount of Each Disbursement this Period 700.00 |
| City New Iberia State LA Zip Code 70563 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Contract Labor | | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Donna Trahan | | Transaction ID: ROMERO9128 Date of Disbursement 10 / 29 / 2004 |
| Mailing Address 511 Candle Glow Drive | | Amount of Each Disbursement this Period 700.00 |
| City New Iberia State LA Zip Code 70563 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Contract Labor | | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1500.00 |
| 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)

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

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NAME OF COMMITTEE (In Full)
CRAIG ROMERO FOR CONGRESS INC.

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. WalMart | | Transaction ID: ROMERO9141 Date of Disbursement 11 / 02 / 2004 | |
| Mailing Address 1205 E. Admiral Doyle Dr. | | Amount of Each Disbursement this Period 20.59 | |
| City New Iberia State LA Zip Code 70560 | Purpose of Disbursement Office Supplies Candidate Name | Category/Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) B. Darlene H. Barras | | Transaction ID: ROMERO9131 Date of Disbursement 11 / 12 / 2004 | |
| Mailing Address 2205 Kramer Drive | | Amount of Each Disbursement this Period 500.00 | |
| City New Iberia State LA Zip Code 70560 | Purpose of Disbursement Contract Labor Candidate Name | Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. BellSouth | | Transaction ID: ROMERO9050 Date of Disbursement 11 / 05 / 2004 | |
| Mailing Address P.O. Box 105503 | | Amount of Each Disbursement this Period 789.27 | |
| City Atlanta State GA Zip Code 30348 | Purpose of Disbursement Telephone Candidate Name | Category/Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 1309.86 |
| 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)
CRAIG ROMERO FOR CONGRESS INC.

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Cingular Wireless | | Transaction ID: ROMERO9044 Date of Disbursement 11 / 16 / 2004 |
| Mailing Address P.O. Box 772349 | | Amount of Each Disbursement this Period 112.39 |
| City Ocala State FL Zip Code 34477 | Purpose of Disbursement Cellular Candidate Name Category/Type 001 | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Cingular Wireless | | Transaction ID: ROMERO9045 Date of Disbursement 11 / 16 / 2004 |
| Mailing Address P.O. Box 772349 | | Amount of Each Disbursement this Period 112.39 |
| City Ocala State FL Zip Code 34477 | Purpose of Disbursement Cellular Candidate Name Category/Type 001 | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Daily Iberian, The | | Transaction ID: ROMERO9013 Date of Disbursement 11 / 12 / 2004 |
| Mailing Address P.O. Box 9290 | | Amount of Each Disbursement this Period 207.07 |
| City New Iberia State LA Zip Code 70562 | Purpose of Disbursement Newspaper Candidate Name Category/Type 001 | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 431.85 |
| 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)
CRAIG ROMERO FOR CONGRESS INC.

| | | |
|--|--|--|
| <p>A. Entergy</p> <p>Full Name (Last, First, Middle Initial) Entergy</p> <p>Mailing Address P.O. Box 61009</p> <p>City New Orleans State LA Zip Code 70161</p> <p>Purpose of Disbursement Electricity</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | | <p>Transaction ID: ROMERO9047</p> <p>Date of Disbursement 11 / 16 / 2004</p> <p>Amount of Each Disbursement this Period 315.90</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>Disbursement For: 2004</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Category/Type</p> |

| | | |
|---|--|--|
| <p>B. GMAC</p> <p>Full Name (Last, First, Middle Initial) GMAC</p> <p>Mailing Address P.O. Box 9001952</p> <p>City Louisville State KY Zip Code 40290</p> <p>Purpose of Disbursement Car Payment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | | <p>Transaction ID: ROMERO9031</p> <p>Date of Disbursement 11 / 04 / 2004</p> <p>Amount of Each Disbursement this Period 553.84</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>Disbursement For: 2004</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Category/Type</p> |

| | | |
|---|--|---|
| <p>C. Troy Hebert</p> <p>Full Name (Last, First, Middle Initial) Troy Hebert</p> <p>Mailing Address P.O. Box 981</p> <p>City Jeanerette State LA Zip Code 70544</p> <p>Purpose of Disbursement In-kind - Sign Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | | <p>Transaction ID: ROMERO9249</p> <p>Date of Disbursement 11 / 22 / 2004</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>Disbursement For: 2004</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Category/Type</p> |

| | |
|---|-----------------------|
| <p>SUBTOTAL of Disbursements This Page (optional)</p> | <p>2869.74</p> |
| <p>TOTAL This Period (last page this line number only)</p> | |

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 79 / 97

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
CRAIG ROMERO FOR CONGRESS INC.

| | | | |
|--|-------------|--|---|
| Full Name (Last, First, Middle Initial) A. Troy Hebert | | Transaction ID: ROMERO9251 Date of Disbursement 11 / 22 / 2004 | |
| Mailing Address P.O. Box 981 | | Amount of Each Disbursement this Period 2000.00 | |
| City Jeanerette | State LA | Zip Code 70544 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Purpose of Disbursement In-kind - Sign Rent | | Category/ Type | |
| Candidate Name | | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | | |

| | | | |
|--|-------------|---|---|
| Full Name (Last, First, Middle Initial) B. William Lewis | | Transaction ID: ROMERO9196 Date of Disbursement 11 / 05 / 2004 | |
| Mailing Address 20104 Hwy 90 | | Amount of Each Disbursement this Period 1000.00 | |
| City Jeanerett | State LA | Zip Code 70544 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Purpose of Disbursement Reimbursement | | Category/ Type 001 | |
| Candidate Name | | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | | |

| | | | |
|--|-------------|---|---|
| Full Name (Last, First, Middle Initial) C. Mon Ami | | Transaction ID: ROMERO9054 Date of Disbursement 11 / 16 / 2004 | |
| Mailing Address 7304 E. Highway 90 | | Amount of Each Disbursement this Period 550.00 | |
| City Jeanerette | State LA | Zip Code 70544 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Purpose of Disbursement Building Rent | | Category/ Type 001 | |
| Candidate Name | | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 3550.00 |
| 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)

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

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NAME OF COMMITTEE (In Full)
CRAIG ROMERO FOR CONGRESS INC.

| | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|---------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Full Name (Last, First, Middle Initial) A. Political Solutions | | Transaction ID: ROMERO9119 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 5101 McArthur Blvd., NW Suite 200 | | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td>/</td><td>0</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>4</td></tr></table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 | / | 0 | 3 | / | 2 | 0 | 0 | 4 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 1 | 1 | / | 0 | 3 | / | 2 | 0 | 0 | 4 | | | | | | | | | | | | | |
| City Washington, State DC Zip Code 20010 | Purpose of Disbursement Consultant Fees | Amount of Each Disbursement this Period <table border="1"><tr><td>1271.10</td></tr></table> | 1271.10 | | | | | | | | | | | | | | | | | | | |
| 1271.10 | | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | Category/Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | | |

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|--|--|--|--------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Full Name (Last, First, Middle Initial) B. Donna Trahan | | Transaction ID: ROMERO9132 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 511 Candle Glow Drive | | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td>/</td><td>1</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>4</td></tr></table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 | / | 1 | 2 | / | 2 | 0 | 0 | 4 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 1 | 1 | / | 1 | 2 | / | 2 | 0 | 0 | 4 | | | | | | | | | | | | | |
| City New Iberia State LA Zip Code 70563 | Purpose of Disbursement Contract Labor | Amount of Each Disbursement this Period <table border="1"><tr><td>700.00</td></tr></table> | 700.00 | | | | | | | | | | | | | | | | | | | |
| 700.00 | | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | Category/Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | | |

SUBTOTAL of Disbursements This Page (optional)

| |
|----------------|
| 1971.10 |
|----------------|

TOTAL This Period (last page this line number only)

| |
|------------------|
| 267994.36 |
|------------------|

**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 81 / 97

| | | | | | | | |
|--------------------------|-----|--------------------------|-----|-------------------------------------|-----|--------------------------|-----|
| <input type="checkbox"/> | 17 | <input type="checkbox"/> | 18 | <input checked="" 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)
CRAIG ROMERO FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
Craig F. ROMERO

Mailing Address 103 LITTLE BEAVER LANE

City State Zip Code
NEW IBERIA LA 70560

Purpose of Disbursement
Loan Repayment

Candidate Name
Craig ROMERO

Office Sought: House
 Senate
 President
State: LA District: 03

Disbursement For: 2004
 Primary General
 Other (specify) ▼

009
Category/
Type

Transaction ID: 1123796938439
Date of Disbursement

11 / 18 / 2004

Amount of Each Disbursement this Period

35000.00

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

SUBTOTAL of Disbursements This Page (optional)

35000.00

TOTAL This Period (last page this line number only)

35000.00

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

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NAME OF COMMITTEE (In Full)
CRAIG ROMERO FOR CONGRESS INC.

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. ARC Equipment Rentals, LLC | | Transaction ID: ROMERO9166 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 4 |
| Mailing Address 1404 Gulf Blvd | | Amount of Each Disbursement this Period 1000.00 |
| City New Iberia | State LA Zip Code 70560 | |
| Purpose of Disbursement Refund of Contribution | | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Anthony Alford | | Transaction ID: ROMERO9168 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 4 |
| Mailing Address 204 Arapaho Drive | | Amount of Each Disbursement this Period 500.00 |
| City Houma | State LA Zip Code 70360 | |
| Purpose of Disbursement Refund of Contribution | | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. R.W. Auerbach | | Transaction ID: ROMERO9158 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 4 |
| Mailing Address 108 Bay View Drive | | Amount of Each Disbursement this Period 2000.00 |
| City Cypremort Point | State LA Zip Code 70538 | |
| Purpose of Disbursement Refund of Contribution | | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 3500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 83 / 97

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

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NAME OF COMMITTEE (In Full)
CRAIG ROMERO FOR CONGRESS INC.

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. William T. Bergeron | | Transaction ID: ROMERO9190 Date of Disbursement 11 / 08 / 2004 |
| Mailing Address P.O. Box 70709 | | Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City New Orleans State LA Zip Code 70172 | Category/Type <input type="checkbox"/> | |
| Purpose of Disbursement Refund of Contribution Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. Ed Broussard | | Transaction ID: ROMERO9184 Date of Disbursement 11 / 08 / 2004 |
| Mailing Address PO Box 770 | | Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Loreauville State LA Zip Code 70552 | Category/Type <input type="checkbox"/> | |
| Purpose of Disbursement Refund of Contribution Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | |

| | | |
|---|----------------------|---|
| Full Name (Last, First, Middle Initial) C. James B. Bulliard | | Transaction ID: ROMERO9180 Date of Disbursement 11 / 08 / 2004 |
| Mailing Address 410 East Bridge St. | | Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City St. Martinville State LA Zip Code 70582 | Category/Type 010 | |
| Purpose of Disbursement Refund of Contribution Candidate Name | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 5000.00 |
| 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 type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input checked="" type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
CRAIG ROMERO FOR CONGRESS INC.

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Daniel Bulliard Jr. | | Transaction ID: ROMERO9178 Date of Disbursement 11 / 08 / 2004 |
| Mailing Address 1045 Little Oak Drive | | Amount of Each Disbursement this Period 2000.00 |
| City St. Martinville State LA Zip Code 70582 | Purpose of Disbursement Refund of Contribution Candidate Name | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Beth Lippman Busbice | | Transaction ID: ROMERO9188 Date of Disbursement 11 / 08 / 2004 |
| Mailing Address 116C Jean Baptiste Drive | | Amount of Each Disbursement this Period 2000.00 |
| City Lafayette State LA Zip Code 70503 | Purpose of Disbursement Refund of Contribution Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Bill A. Busbice, Jr. | | Transaction ID: ROMERO9187 Date of Disbursement 11 / 08 / 2004 |
| Mailing Address P.O. Box 91714 | | Amount of Each Disbursement this Period 2000.00 |
| City Lafayette State LA Zip Code 70509 | Purpose of Disbursement Refund of Contribution Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 6000.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 85 / 97

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

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NAME OF COMMITTEE (In Full)
CRAIG ROMERO FOR CONGRESS INC.

| | | | |
|--|--|---|---|
| Full Name (Last, First, Middle Initial) A. Monica Callais | | Transaction ID: ROMERO9195 Date of Disbursement 11 / 08 / 2004 | |
| Mailing Address P.O. Box 377 | | Amount of Each Disbursement this Period 500.00 | |
| City Cut Off | State LA | Zip Code 70345-0377 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Purpose of Disbursement Refund of Contribution | | Category/ Type | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: _____ District: _____ | | | |

| | | | |
|--|--|---|---|
| Full Name (Last, First, Middle Initial) B. Cindy Champagne | | Transaction ID: ROMERO9157 Date of Disbursement 11 / 08 / 2004 | |
| Mailing Address P.O. Box 11421 | | Amount of Each Disbursement this Period 2000.00 | |
| City New Iberia | State LA | Zip Code 70560 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Purpose of Disbursement Refund of Contribution | | Category/ Type | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: _____ District: _____ | | | |

| | | | |
|--|--|---|---|
| Full Name (Last, First, Middle Initial) C. Damon Chouest | | Transaction ID: ROMERO9191 Date of Disbursement 11 / 08 / 2004 | |
| Mailing Address P.O. Box 310 | | Amount of Each Disbursement this Period 1000.00 | |
| City Galliano | State LA | Zip Code 70354 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Purpose of Disbursement Refund of Contribution | | Category/ Type | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: _____ District: _____ | | | |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 3500.00 |
| TOTAL This Period (last page this line number only) | _____ |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CRAIG ROMERO FOR CONGRESS INC.

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Cross Creek Properties LLC | | Transaction ID: ROMERO9159 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 4 | |
| Mailing Address 207 Middleton Rd. | | Amount of Each Disbursement this Period 2000.00 | |
| City Lafayette State LA Zip Code 70503 | Purpose of Disbursement Refund of Contribution Candidate Name | Category/ Type 010 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) B. Michael D. Cure | | Transaction ID: ROMERO9149 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 4 | |
| Mailing Address 106 N. Richard Street | | Amount of Each Disbursement this Period 2000.00 | |
| City Delcambre State LA Zip Code 70528 | Purpose of Disbursement Refund of Contribution Candidate Name | Category/ Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) C. Aubry Dauterive | | Transaction ID: ROMERO9192 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 4 | |
| Mailing Address 516 Loreauville Road | | Amount of Each Disbursement this Period 417.00 | |
| City New Iberia State LA Zip Code 70563-1940 | Purpose of Disbursement Refund of Contribution Candidate Name | Category/ Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 4417.00 |
| 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 type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input checked="" type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
CRAIG ROMERO FOR CONGRESS INC.

| | | |
|--|--|---|
| <p>A. Floyd Degueyter</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address P.O. Box 52870</p> <p>City Lafayette State LA Zip Code 70505</p> <p>Purpose of Disbursement Refund of Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> | | <p>Transaction ID: ROMERO9161</p> <p>Date of Disbursement 11 / 08 / 2004</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Category/Type</p> |

| | | |
|---|--|---|
| <p>B. Wayne Delcambre</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 610 Magnolia Ave.</p> <p>City New Iberia State LA Zip Code 70563</p> <p>Purpose of Disbursement Refund of Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> | | <p>Transaction ID: ROMERO9163</p> <p>Date of Disbursement 11 / 08 / 2004</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Category/Type 010</p> |

| | | |
|--|--|---|
| <p>C. Dean B. Durand</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1022 Emile Road</p> <p>City St. Martinville State LA Zip Code 70582</p> <p>Purpose of Disbursement Refund of Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> | | <p>Transaction ID: ROMERO9151</p> <p>Date of Disbursement 11 / 08 / 2004</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Category/Type</p> |

| | |
|---|----------------|
| <p>SUBTOTAL of Disbursements This Page (optional)</p> | <p>6000.00</p> |
| <p>TOTAL This Period (last page this line number only)</p> | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CRAIG ROMERO FOR CONGRESS INC.

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) A. M. Matt Durand | | Transaction ID: ROMERO9150 Date of Disbursement 11 / 08 / 2004 | |
| Mailing Address 1022 Emile Road | | Amount of Each Disbursement this Period 2000.00 | |
| City St. Martinville State LA Zip Code 70582 | Purpose of Disbursement Refund of Contribution Candidate Name | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) B. Dynamic Cranes LLC | | Transaction ID: ROMERO9167 Date of Disbursement 11 / 08 / 2004 | |
| Mailing Address 600 Jefferson St. Ste 1403 | | Amount of Each Disbursement this Period 1000.00 | |
| City Lafayette State LA Zip Code 70501 | Purpose of Disbursement Refund of Contribution Candidate Name | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type 010 | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) C. Gerald Gesser | | Transaction ID: ROMERO9181 Date of Disbursement 11 / 08 / 2004 | |
| Mailing Address P.O. Box 10525 | | Amount of Each Disbursement this Period 500.00 | |
| City New Iberia State LA Zip Code 70562 | Purpose of Disbursement Refund of Contribution Candidate Name | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type | |

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| SUBTOTAL of Disbursements This Page (optional) | 3500.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CRAIG ROMERO FOR CONGRESS INC.

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Gesser Group | | Transaction ID: ROMERO9182 Date of Disbursement 11 / 08 / 2004 |
| Mailing Address P.O. Box 10525 | | Amount of Each Disbursement this Period 1500.00 |
| City New Iberia State LA Zip Code 70562 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Refund of Contribution | | Category/Type 010 |
| Candidate Name | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Cary S. Goss | | Transaction ID: ROMERO9162 Date of Disbursement 11 / 08 / 2004 |
| Mailing Address 510 O'Neal Lane | | Amount of Each Disbursement this Period 2000.00 |
| City Baton Rouge State LA Zip Code 70819 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Refund of Contribution | | Category/Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Griff, LLC (Roy Garber) | | Transaction ID: ROMERO9177 Date of Disbursement 11 / 08 / 2004 |
| Mailing Address P.O. Box 906 | | Amount of Each Disbursement this Period 2000.00 |
| City Morgan City State LA Zip Code 70381 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Refund of Contribution | | Category/Type 010 |
| Candidate Name | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 5500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 90 / 97

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

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NAME OF COMMITTEE (In Full)
CRAIG ROMERO FOR CONGRESS INC.

| | | | |
|--|--|---|---|
| Full Name (Last, First, Middle Initial) A. Jason Hebert | | Transaction ID: ROMERO9175 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 4 | |
| Mailing Address P.O. Box 2710 | | Amount of Each Disbursement this Period 2000.00 | |
| City New Iberia | State LA | Zip Code 70562-2710 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Purpose of Disbursement Refund of Contribution | | Category/ Type | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

| | | | |
|---|--|---|---|
| Full Name (Last, First, Middle Initial) B. ICT Group LLC | | Transaction ID: ROMERO9153 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 4 | |
| Mailing Address P.O. Box 10525 | | Amount of Each Disbursement this Period 2000.00 | |
| City New Iberia | State LA | Zip Code 70562 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Purpose of Disbursement Refund of Contribution | | Category/ Type 010 | |
| Candidate Name | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

| | | | |
|--|--|---|---|
| Full Name (Last, First, Middle Initial) C. Patricia Johnson | | Transaction ID: ROMERO9186 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 4 | |
| Mailing Address 203 King Road | | Amount of Each Disbursement this Period 2000.00 | |
| City Lafayette | State LA | Zip Code 70503 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Purpose of Disbursement Refund of Contribution | | Category/ Type | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 6000.00 |
| 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 type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input checked="" type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
CRAIG ROMERO FOR CONGRESS INC.

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) A. Wayne M. LaBiche | | Transaction ID: ROMERO9183 Date of Disbursement 11 / 08 / 2004 | |
| Mailing Address 117 Emile Verret Road | | Amount of Each Disbursement this Period 1000.00 | |
| City New Iberia State LA Zip Code 70560 | Purpose of Disbursement Refund of Contribution Candidate Name | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Jon A. Marshall | | Transaction ID: ROMERO9173 Date of Disbursement 11 / 08 / 2004 | |
| Mailing Address P.O. Box 4379 | | Amount of Each Disbursement this Period 2000.00 | |
| City Houston State TX Zip Code 77210 | Purpose of Disbursement Refund of Contribution Candidate Name | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type 010 | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) C. Dan Menard | | Transaction ID: ROMERO9170 Date of Disbursement 11 / 08 / 2004 | |
| Mailing Address 1608 St. Mary Street | | Amount of Each Disbursement this Period 500.00 | |
| City Scott State LA Zip Code 70583 | Purpose of Disbursement Refund of Contribution Candidate Name | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type | |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 3500.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 92 / 97

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

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NAME OF COMMITTEE (In Full)
CRAIG ROMERO FOR CONGRESS INC.

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Michel B. Moreno | | Transaction ID: ROMERO9194 Date of Disbursement 11 / 08 / 2004 |
| Mailing Address 600 Jefferson Suite 1403-99 | | Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Lafayette | State LA | |
| Zip Code 70501 | | |
| Purpose of Disbursement Refund of Contribution | | |
| Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: | District: | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Moreno Properties, LLC | | Transaction ID: ROMERO9193 Date of Disbursement 11 / 08 / 2004 |
| Mailing Address P.O. Box 53507 | | Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Lafayette | State LA | |
| Zip Code 70505 | | |
| Purpose of Disbursement Refund of Contribution | | |
| Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: | District: | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Debra Myres Morton | | Transaction ID: ROMERO9165 Date of Disbursement 11 / 08 / 2004 |
| Mailing Address 117 Masterpoint Drive | | Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Broussard | State LA | |
| Zip Code 70518 | | |
| Purpose of Disbursement Refund of Contribution | | |
| Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: | District: | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 4000.00 |
| 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)

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

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NAME OF COMMITTEE (In Full)
CRAIG ROMERO FOR CONGRESS INC.

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|---|---------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| <p>A. Full Name (Last, First, Middle Initial) Jason M.D. Quinlan</p> | | <p>Transaction ID: ROMERO9176 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>4</td> </tr> </table> </p> | | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 | / | 0 | 8 | / | 2 | 0 | 0 | 4 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 1 | 1 | / | 0 | 8 | / | 2 | 0 | 0 | 4 | | | | | | | | | | | | | | |
| <p>Mailing Address P.O. Box 12710</p> | | <p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>2000.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 </p> | | 2000.00 | | | | | | | | | | | | | | | | | | | |
| 2000.00 | | | | | | | | | | | | | | | | | | | | | | | |
| <p>City State Zip Code New Iberia LA 70562-2710</p> | <p>Purpose of Disbursement Refund of Contribution</p> | <p>Category/ Type</p> | | | | | | | | | | | | | | | | | | | | | |
| <p>Candidate Name</p> | <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | | | | | | | | | | | | | | | | | | | | | |
| <p>State: District:</p> | <p>State: District:</p> | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|---|---------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| <p>B. Full Name (Last, First, Middle Initial) William D. Quinlan</p> | | <p>Transaction ID: ROMERO9174 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>4</td> </tr> </table> </p> | | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 | / | 0 | 8 | / | 2 | 0 | 0 | 4 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 1 | 1 | / | 0 | 8 | / | 2 | 0 | 0 | 4 | | | | | | | | | | | | | | |
| <p>Mailing Address P.O. Box 12710</p> | | <p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>2000.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 </p> | | 2000.00 | | | | | | | | | | | | | | | | | | | |
| 2000.00 | | | | | | | | | | | | | | | | | | | | | | | |
| <p>City State Zip Code New Iberia LA 70562</p> | <p>Purpose of Disbursement Refund of Contribution</p> | <p>Category/ Type</p> | | | | | | | | | | | | | | | | | | | | | |
| <p>Candidate Name</p> | <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | | | | | | | | | | | | | | | | | | | | | |
| <p>State: District:</p> | <p>State: District:</p> | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|---|---------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| <p>C. Full Name (Last, First, Middle Initial) Lynn Romero</p> | | <p>Transaction ID: ROMERO9156 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>4</td> </tr> </table> </p> | | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 | / | 0 | 8 | / | 2 | 0 | 0 | 4 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 1 | 1 | / | 0 | 8 | / | 2 | 0 | 0 | 4 | | | | | | | | | | | | | | |
| <p>Mailing Address P.O. Box 9189</p> | | <p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>2000.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 </p> | | 2000.00 | | | | | | | | | | | | | | | | | | | |
| 2000.00 | | | | | | | | | | | | | | | | | | | | | | | |
| <p>City State Zip Code New Iberia LA 70562</p> | <p>Purpose of Disbursement Refund of Contribution</p> | <p>Category/ Type</p> | | | | | | | | | | | | | | | | | | | | | |
| <p>Candidate Name</p> | <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | | | | | | | | | | | | | | | | | | | | | |
| <p>State: District:</p> | <p>State: District:</p> | | | | | | | | | | | | | | | | | | | | | | |

| | |
|---|-----------------------|
| <p>SUBTOTAL of Disbursements This Page (optional)</p> | <p>6000.00</p> |
| <p>TOTAL This Period (last page this line number only)</p> | |

**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 94 / 97

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

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NAME OF COMMITTEE (In Full)
CRAIG ROMERO FOR CONGRESS INC.

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Ryan Romero | | Transaction ID: ROMERO9155 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 4 |
| Mailing Address 3815 Coteau Road Hwy. 88 | | Amount of Each Disbursement this Period 2000.00 |
| City New Iberia State LA Zip Code 70560 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Refund of Contribution Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. William W. Rucks IV | | Transaction ID: 1174656979435 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 4 |
| Mailing Address P.O. Box 51967 | | Amount of Each Disbursement this Period 1000.00 |
| City Lafayette State LA Zip Code 70505-1967 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Refund runoff Candidate Name | | Category/Type 010 |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Glenn Stokes | | Transaction ID: ROMERO9145 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 4 |
| Mailing Address P.O. Box 9868 | | Amount of Each Disbursement this Period 2000.00 |
| City New Iberia State LA Zip Code 70562 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Refund of Contribution Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 5000.00 |
| 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)

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

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NAME OF COMMITTEE (In Full)
CRAIG ROMERO FOR CONGRESS INC.

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) A. Yvonne M. Stokes | | Transaction ID: ROMERO9146 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 4 | |
| Mailing Address P.O. Box 9868 | | Amount of Each Disbursement this Period 2000.00 | |
| City New Iberia State LA Zip Code 70562 | Purpose of Disbursement Refund of Contribution Candidate Name | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) B. Todd W. Street | | Transaction ID: ROMERO9185 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 4 | |
| Mailing Address 4414 Northside Road | | Amount of Each Disbursement this Period 2000.00 | |
| City New Iberia State LA Zip Code 70563 | Purpose of Disbursement Refund of Contribution Candidate Name | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) C. Joseph Chip Theriot | | Transaction ID: ROMERO9152 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 4 | |
| Mailing Address 111 Darlene street | | Amount of Each Disbursement this Period 1086.00 | |
| City Lafayette State LA Zip Code 70508 | Purpose of Disbursement Refund of Contribution Candidate Name | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type | |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 5086.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CRAIG ROMERO FOR CONGRESS INC.

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) A. Adrian M. Vega Jr., Jr. | | Transaction ID: ROMERO9189 Date of Disbursement 11 / 08 / 2004 | |
| Mailing Address 1700 S. E. Evangeline Thruway | | Amount of Each Disbursement this Period 2000.00 | |
| City Lafayette State LA Zip Code 70508 | Purpose of Disbursement Refund of Contribution Candidate Name | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type 010 | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Vesco Rental & Supply LLC | | Transaction ID: ROMERO9171 Date of Disbursement 11 / 08 / 2004 | |
| Mailing Address P.O. Box 11612 | | Amount of Each Disbursement this Period 903.16 | |
| City New Iberia State LA Zip Code 70562 | Purpose of Disbursement Refund of Contribution Candidate Name | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type 010 | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. John Van Way | | Transaction ID: ROMERO9147 Date of Disbursement 11 / 08 / 2004 | |
| Mailing Address 608 Garber Rd. | | Amount of Each Disbursement this Period 500.00 | |
| City Broussard State LA Zip Code 70518 | Purpose of Disbursement Refund of Contribution Candidate Name | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type 010 | |

| | |
|--|-----------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 3403.16 |
| TOTAL This Period (last page this line number only) ▶ | 70406.16 |

SCHEDULE C (FEC Form 3)

LOANS

| | |
|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | PAGE 97 / 97 |
| | FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b |

NAME OF COMMITTEE (In Full)
CRAIG ROMERO FOR CONGRESS INC.

Transaction ID: 1123792473654

| | |
|---|--|
| LOAN SOURCE Full Name (Last, First, Middle Initial) Craig F. Romero | Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 103 LITTLE BEAVER LANE | |
| City NEW IBERIA State LA ZIP Code 70560 | |

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 70000.00 | 35000.00 | 35000.00 |

TERMS

| | | | |
|---------------------------------|----------|---------------|---|
| Date Incurred | Date Due | Interest Rate | Secured: |
| M M 1 1 D D 0 1 Y Y Y Y 2 0 0 4 | None | .00 % (apr) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

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

| | |
|---|---|
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |

| | |
|---|-----------------|
| SUBTOTALS This Period This Page (optional) | 35000.00 |
| TOTALS This Period (last page in this line only) | 35000.00 |

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