

For An Authorized Committee  
(Summary Page)

FEDERAL ELECTION COMMISSION  
U.S. DEPARTMENT OF JUSTICE

Apr 21 11 24 AM '98

1. C00316596 030498  
 C KENNETH DUGAS  
 AT CHRIS JOHN FOR CONGRESS COMMIT  
 TEE INC  
 P PGST OFFICE BOX 971  
 CI CROWLEY LA 70327  
 C

2. FEC IDENTIFICATION NUMBER  
C00316598  
 3. IS THIS REPORT AN AMENDMENT?  
 YES  NO

4. TYPE OF REPORT

- April 15 Quarterly Report  
 July 15 Quarterly Report  
 October 15 Quarterly Report  
 January 31 Year End Report  
 July 31 Mid-Year Report (Non-election Year Only)  
 Twelfth day report preceding \_\_\_\_\_ (Type of Election) election on \_\_\_\_\_ in the State of \_\_\_\_\_  
 Thirtieth day report following the General Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
 Termination Report  
 This Report Contains Activity For:  Primary Election  <sup>98</sup> General Election  Special Election  Runoff Election  
 98 debt retirement

SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
1/1/98 through 3/31/98		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a))	\$57,050.00	\$57,050.00
(b) Total Contribution Refunds (from Line 20(d))	\$0.00	\$0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	\$57,050.00	\$57,050.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	\$21,657.45	\$21,657.45
(b) Total Offsets to Operating Expenditures (from Line 14)	\$0.00	\$0.00
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	\$21,657.45	\$21,657.45
8. Cash on Hand at Close of Reporting Period (from Line 27)	\$159,350.66	For further information contact: Federal Election Commission 889 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$15,000.00	

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

Type or Print Name of Treasurer: Kenneth Dugas  
 Signature of Treasurer: *Kenneth Dugas*  
 Date: 4/15/98

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

# DETAILED SUMMARY PAGE

of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (in full) <b>Chris John For Congress Committee INC.</b>	Report Covering the Period: From: <b>1/1/98</b> To: <b>3/31/98</b>	C00316588	
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I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>			
<b>(a) Individuals/Persons Other Than Political Committees</b>			
(i) Itemized (use Schedule A) .....	\$24,000.00		11(a)(i)
(ii) Unitemized .....	\$300.00		11(a)(ii)
(iii) Total of Contributions from Individuals .....	\$24,300.00	\$24,300.00	11(a)(iii)
(b) Political Party Committees .....	\$0.00	\$0.00	11(b)
(c) Other Political Committees (such as PACs) .....	\$32,750.00	\$32,750.00	11(c)
(d) The Candidate .....	\$0.00	\$0.00	11(d)
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(i),(ii),(b),(c), and (d)) .....	\$57,050.00	\$57,050.00	11(e)
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEE .....</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>12</b>
<b>13. LOANS:</b>			
(a) Made or Guaranteed by the Candidate .....	\$0.00	\$0.00	13(a)
(b) All Other Loans .....	\$0.00	\$0.00	13(b)
(c) TOTAL LOANS (add 13(a) and (b)) .....	\$0.00	\$0.00	13(c)
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>14</b>
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>15</b>
<b>16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14, and 15) .....</b>	<b>\$57,050.00</b>	<b>\$57,050.00</b>	<b>16</b>
<b>II. DISBURSEMENTS</b>			
<b>17. OPERATING EXPENDITURES .....</b>	<b>\$21,657.45</b>	<b>\$21,657.45</b>	<b>17</b>
<b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>18</b>
<b>19. LOAN REPAYMENTS:</b>			
(a) Of Loans Made or Guaranteed by the Candidate .....	\$0.00	\$0.00	19(a)
(b) Of All Other Loans .....	\$0.00	\$0.00	19(b)
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b)) .....	\$0.00	\$0.00	19(c)
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>			
(a) Individuals/Persons Other Than Political Committees .....	\$0.00	\$0.00	20(a)
(b) Political Party Committees .....	\$0.00	\$0.00	20(b)
(c) Other Political Committees (such as PACs) .....	\$0.00	\$0.00	20(c)
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b), and (c)) .....	\$0.00	\$0.00	20(d)
<b>21. OTHER DISBURSEMENTS .....</b>	<b>\$1,000.00</b>	<b>\$1,000.00</b>	<b>21</b>
<b>22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d), and 21) .....</b>	<b>\$22,657.45</b>	<b>\$22,657.45</b>	<b>22</b>
<b>III. CASH SUMMARY</b>			
<b>23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD .....</b>		<b>\$124,958.11</b>	<b>23</b>
<b>24. TOTAL RECEIPTS THIS PERIOD (from Line 16) .....</b>		<b>\$57,050.00</b>	<b>24</b>
<b>25. SUBTOTAL (add Line 23 and Line 24) .....</b>		<b>\$182,008.11</b>	<b>25</b>
<b>26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) .....</b>		<b>\$22,657.45</b>	<b>26</b>
<b>27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) .....</b>		<b>\$159,350.66</b>	<b>27</b>

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 8

FOR LINE NUMBER 11(a)(i)

**Contributions from Individuals**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)			
<b>Chris John For Congress Committee INC.</b>		<b>CD0318598</b>	
<b>A. Full Name, Mailing Address and ZIP Code</b> Chappuis, Richard P.O. Box 3527 Lafayette LA 70502	<b>Name of Employer</b> Voorhies and Labbe	<b>Date (month, day, year)</b> 3/3/98	<b>Amount of Each Receipt this Period</b> \$250.00
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Occupation</b> Managing Partner	<b>Aggregate Year-to-Date</b> > \$500.00	
<b>B. Full Name, Mailing Address and ZIP Code</b> Abell, Edward P.O. Box 3507 Lafayette LA 70502	<b>Name of Employer</b> Onebane Bernard Torian Diaz Mc	<b>Date (month, day, year)</b> 3/6/98	<b>Amount of Each Receipt this Period</b> \$500.00
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Occupation</b> Attorney	<b>Aggregate Year-to-Date</b> > \$500.00	
<b>C. Full Name, Mailing Address and ZIP Code</b> Johnston, Hunter 1455 Pennsylvania Ave Washington DC 20004	<b>Name of Employer</b> Jone Walker and Warchter	<b>Date (month, day, year)</b> 3/26/98	<b>Amount of Each Receipt this Period</b> \$500.00
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Occupation</b> Attorney	<b>Aggregate Year-to-Date</b> > \$500.00	
<b>D. Full Name, Mailing Address and ZIP Code</b> Hoyt, Max 803 Robert Lee Circle Lafayette LA 70506	<b>Name of Employer</b> Pixus Digital Printing	<b>Date (month, day, year)</b> 3/6/98	<b>Amount of Each Receipt this Period</b> \$500.00
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Occupation</b> President	<b>Aggregate Year-to-Date</b> > \$500.00	
<b>E. Full Name, Mailing Address and ZIP Code</b> Hilliard, C P P.O. Box 52745 Lafayette LA 70505	<b>Name of Employer</b> Badger Oil Corporation	<b>Date (month, day, year)</b> 3/3/98	<b>Amount of Each Receipt this Period</b> \$500.00
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Occupation</b> President	<b>Aggregate Year-to-Date</b> > \$500.00	
<b>F. Full Name, Mailing Address and ZIP Code</b> Hebert, Marc 8720 Hermitage Place New Orleans LA 70123	<b>Name of Employer</b> Bracewell and Patterson	<b>Date (month, day, year)</b> 3/25/98	<b>Amount of Each Receipt this Period</b> \$250.00
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Occupation</b> Attorney	<b>Aggregate Year-to-Date</b> > \$500.00	
<b>G. Full Name, Mailing Address and ZIP Code</b> Hebert, Marc 8720 Hermitage Place New Orleans LA 70123	<b>Name of Employer</b> Bracewell and Patterson	<b>Date (month, day, year)</b> 3/25/98	<b>Amount of Each Receipt this Period</b> \$250.00
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Occupation</b> Attorney	<b>Aggregate Year-to-Date</b> > \$500.00	

<b>SUBTOTAL of Receipts This Page (optional)</b> .....	<b>\$2,750.00</b>
<b>TOTAL This Period (last page this line number only)</b> .....	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 2 OF 8  
FOR LINE NUMBER 11(a)(1)

**Contributions from Individuals**

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NAME OF COMMITTEE (In Full)		C00316598	
<b>A. Full Name, Mailing Address and ZIP Code</b> Haik, Theodore P.O. Box 11040 New Iberia LA 70562		Name of Employer Haik and Minvielle Occupation Attorney	Date (month, day, year) 3/6/98 Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Aggregate Year-to-Date > \$500.00	
<b>B. Full Name, Mailing Address and ZIP Code</b> Guillermety, Rafael Bucare 3 San Juan PR 00913		Name of Employer Empresas Fonalledas Inc Occupation Attorney	Date (month, day, year) 3/28/98 Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Aggregate Year-to-Date > \$500.00	
<b>C. Full Name, Mailing Address and ZIP Code</b> Dr. Dunaway, Lige III 202 Stephanie Ave Lafayette LA 70503		Name of Employer Self Occupation Dentist	Date (month, day, year) 2/11/98 Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Aggregate Year-to-Date > \$250.00	
<b>D. Full Name, Mailing Address and ZIP Code</b> Malin, Linda 415 Kim Dr Lafayette LA 70503		Name of Employer Legg Mason Wood walker INC Occupation Stockbroker	Date (month, day, year) 2/18/98 Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Aggregate Year-to-Date > \$2,000.00	
<b>E. Full Name, Mailing Address and ZIP Code</b> David, Paul P.O. Box 3308 Lafayette LA 70505		Name of Employer Broussard David and Daigle Occupation Attorney	Date (month, day, year) 3/6/98 Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Aggregate Year-to-Date > \$500.00	
<b>F. Full Name, Mailing Address and ZIP Code</b> Malin, Linda 415 Kim Dr Lafayette LA 70503		Name of Employer Legg Mason Wood walker INC Occupation Stockbroker	Date (month, day, year) 2/18/98 Amount of Each Receipt this Period \$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Aggregate Year-to-Date > \$2,000.00	
<b>G. Full Name, Mailing Address and ZIP Code</b> Chappuis, Richard P.O. Box 3527 Lafayette LA 70502		Name of Employer Voorhies and Labbe Occupation Managing Partner	Date (month, day, year) 3/3/98 Amount of Each Receipt this Period \$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Aggregate Year-to-Date > \$500.00	

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 3 OF 8

FOR LINE NUMBER

11(a)(i)

**Contributions from Individuals**

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NAME OF COMMITTEE (In Full)

**Chris John For Congress Committee INC.**

**C00316596**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<b>Broussard, Richard</b> Sky Ranch Youngsville LA 70592	Self	2/26/98	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Self-employed	Aggregate Year-to-Date > \$500.00	
<b>Broussard, Hal</b> P.O. Drawer 3308 Lafayette LA 70502	Broussard David and Daigle	3/6/98	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Attorney	Aggregate Year-to-Date > \$500.00	
<b>Brewster, Bill</b> 15 D St Washington DC 20003	R Duffy Wall and Associates Inc	3/25/98	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation President	Aggregate Year-to-Date > \$500.00	
<b>Blackstone, Stanley</b> 621 Alonda DR Lafayette LA 70503	Self	3/6/98	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Attorney	Aggregate Year-to-Date > \$500.00	
<b>Bernhardt, John</b> P.O. Box 52308 Lafayette LA 70505	Self	3/6/98	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Attorney	Aggregate Year-to-Date > \$250.00	
<b>Beart, J W</b> 6025 Garfield ST New Orleans LA 70118	Beart Dredging	3/17/98	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Owner	Aggregate Year-to-Date > \$500.00	
<b>Bacque, Odon Jr.</b> 109 Teche Dr Lafayette LA 70503	Self	2/27/98	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Insurance Agent	Aggregate Year-to-Date > \$500.00	

SUBTOTAL of Receipts This Page (optional)

\$3,250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 4 OF 8  
FOR LINE NUMBER 11(9X)

**Contributions from Individuals**

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<b>Atkins, Ross</b> 4828 Quebec ST Washington DC 20016 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Palmer Group</b> Occupation Consultant Aggregate Year-to-Date > \$500.00	3/25/98	\$500.00
<b>Armentor, Glenn</b> 300 Stewart ST Lafayette LA 70501 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Self</b> Occupation Attorney Aggregate Year-to-Date > \$500.00	3/6/98	\$500.00
<b>Anderson, Bennett</b> P.O. Box 3524 Lafayette LA 70502 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Self</b> Occupation Selfemployed Aggregate Year-to-Date > \$500.00	3/5/98	\$500.00
<b>Doyle, John</b> 8049 Misty Arch Run Columbia MD 21044 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Cassidy and Associates</b> Occupation Vice President Aggregate Year-to-Date > \$500.00	3/25/98	\$500.00
<b>Segura, Paul</b> 348 Allen New Iberia LA 70560 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Segura Real Estate</b> Occupation Executive Vice Presiden Aggregate Year-to-Date > \$500.00	2/26/98	\$500.00
<b>Morrow, Patrick</b> P.O. Drawer 750 Opelousas LA 70571 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Self</b> Occupation Attorney Aggregate Year-to-Date > \$166.67	3/6/98	\$166.67 MEMO Partnershp Attributed
<b>Mayeux, Donald</b> P.O. Box 1480 Eunice LA 70535 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Self</b> Occupation Attorney Aggregate Year-to-Date > \$400.00	3/6/98	\$400.00 MEMO Partnershp Attributed

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 5 OF 8  
FOR LINE NUMBER 11(a)(1)

**Contributions from Individuals**

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<b>Chappuis, John</b> P.O. Box 3527 Lafayette LA 70502	Voorhies and Labbe	3/4/98	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Attorney		MEMO Partnership Attributed
	Aggregate Year-to-Date > \$500.00		
<b>Caswell, Paul</b> P.O. Box 1460 Eunice LA 70535	Self	3/6/98	\$100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Attorney		MEMO Partnership Attributed
	Aggregate Year-to-Date > \$100.00		
<b>Bassett, Jeffrey</b> P.O. Drawer 750 Opelousas LA 70571	Self	3/6/98	\$166.66
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Attorney		MEMO Partnership Attributed
	Aggregate Year-to-Date > \$166.66		
<b>Ziegler, William</b> 332 E Farrel RD Lafayette LA 70508	Self	2/19/98	\$750.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify): 96 Debt Retirement	Occupation Attorney		
	Aggregate Year-to-Date > \$1,500.00		
<b>Ziegler, William</b> 332 E Farrel RD Lafayette LA 70508	Self	2/19/98	\$750.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Attorney		
	Aggregate Year-to-Date > \$1,500.00		
<b>Unglesby, Lewis</b> 248 Napoleon St Baton Rouge LA 70802	Unglesby and Koch	3/19/98	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Lawyer		
	Aggregate Year-to-Date > \$500.00		
<b>Tober, Eric</b> 5 Rosecrest Ave Alexandria VA 22301	Johnston and Associates	3/25/98	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Consultant		
	Aggregate Year-to-Date > \$1,000.00		

SUBTOTAL of Receipts This Page (optional)	\$3,000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate sheets for each category of the Detailed Summary Page

PAGE 8 OF 8  
FOR LINE NUMBER 11(a)(1)

**Contributions from Individuals**

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

<p><b>A. Full Name, Mailing Address and ZIP Code</b> Lebougeois, Cynthia 239 La Rue France Lafayette LA 70508</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Self</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date &gt; \$250.00</p>	<p>Date (month, day, year) 3/6/98</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b> Sonnier, Charles P.O. Box 700 Abbeville LA 70511</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Self</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date &gt; \$1,000.00</p>	<p>Date (month, day, year) 3/6/98</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b> Ryan, James P.O. Drawer 750 Opelousas LA 70571</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Self</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date &gt; \$166.67</p>	<p>Date (month, day, year) 3/6/98</p>	<p>Amount of Each Receipt this Period \$166.67 MEMO Partnership Attributed</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b> Scofield, Bryan 202 Aberdeen Dr Lafayette LA 70508</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Broussard David and Daigle</p> <p>Occupation Partner</p> <p>Aggregate Year-to-Date &gt; \$500.00</p>	<p>Date (month, day, year) 3/2/98</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b> Schoonmaker, Jan 147 E Street Washington DC 20003</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Van Scoyoi Associates</p> <p>Occupation Vice President</p> <p>Aggregate Year-to-Date &gt; \$500.00</p>	<p>Date (month, day, year) 3/25/98</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b> Schilling, Herbert P.O. Box 2279 Lafayette LA 70502</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Schilling Distributing</p> <p>Occupation Chairman of the Board</p> <p>Aggregate Year-to-Date &gt; \$1,000.00</p>	<p>Date (month, day, year) 2/25/98</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b> Prince, Pat 1200 Broadmoor Blvd Lafayette LA 70503</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer None</p> <p>Occupation Housewife</p> <p>Aggregate Year-to-Date &gt; \$500.00</p>	<p>Date (month, day, year) 2/26/98</p>	<p>Amount of Each Receipt this Period \$500.00</p>

<p>SUBTOTAL of Receipts This Page (optional) .....</p>	<p>\$3,750.00</p>
<p>TOTAL This Period (last page this line number only) .....</p>	<p></p>



**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 7 OF 8

FOR LINE NUMBER 11(a)(i)

**Contributions from Individuals**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Chris John For Congress Committee INC.**

**C00316596**

<p><b>A. Full Name, Mailing Address and ZIP Code</b> Partnership, Morrow, Morrow, Ryant Bassett P.O. Drawer 750 Opelousas LA 70571</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date &gt; \$500.00</p>	<p>Date (month, day, year) 3/6/98</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b> Partnership, Westgate P.O. Box 3148 Lafayette LA 70502</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date &gt; \$500.00</p>	<p>Date (month, day, year) 3/4/98</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b> Partnership, Mayaux And Caswell P.O. Box 1460 Eunice LA 70535</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date &gt; \$500.00</p>	<p>Date (month, day, year) 3/6/98</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b> Odonnell, Kirk 907 Massachusetts Ave Washington DC 20002</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Akin Gump Strauss Bauer and Fe Occupation Attorney</p> <p>Aggregate Year-to-Date &gt; \$250.00</p>	<p>Date (month, day, year) 1/7/98</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b> Oats, Stephen 616 Myrtle Place Blvd Lafayette LA 70506</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Oats and Hudson Occupation Attorney</p> <p>Aggregate Year-to-Date &gt; \$500.00</p>	<p>Date (month, day, year) 3/6/98</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b> Netterville, Craig 8437 E Cypress Point Baton Rouge LA 70809</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Southern Mortgage CO Occupation Owner</p> <p>Aggregate Year-to-Date &gt; \$250.00</p>	<p>Date (month, day, year) 3/6/98</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b> Miller, Marsden 110 Rue Jean Lafitte Lafayette LA 70508</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer XCL Ltd Occupation CEO</p> <p>Aggregate Year-to-Date &gt; \$2,000.00</p>	<p>Date (month, day, year) 2/18/98</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>

SUBTOTAL of Receipts This Page (optional)

\$3,500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 8 OF 8

FOR LINE NUMBER:

11(a)(1)

**Contributions from Individuals**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

**Chris John For Congress Committee INC.**

**C00316596**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Miller, Marsden 110 Rue Jean Lafitte Lafayette LA 70508	XCL Ltd	2/18/98	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation CEO	Aggregate Year-to-Date > \$2,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Theunissen, Kay 131 Ronald Blvd Lafayette LA 70503	Preis Kraft and Roy	3/1/98	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Attorney	Aggregate Year-to-Date > \$250.00	
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation	Aggregate Year-to-Date >	
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation	Aggregate Year-to-Date >	
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation	Aggregate Year-to-Date >	
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation	Aggregate Year-to-Date >	
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation	Aggregate Year-to-Date >	

SUBTOTAL of Receipts This Page (optional)	\$1,250.00
TOTAL This Period (last page this line number only)	\$24,000.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 7

FOR LINE NUMBER

11(c)

**Contributions from Other Political Committees**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Chris John For Congress Committee INC.**

**C00316596**

A. Full Name, Mailing Address and ZIP Code Pac, Ashland Oil 601 Pennsylvania Ave Washington DC 20004 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer  Occupation Aggregate Year-to-Date > \$500.00	Date (month, day, year) 3/20/98	Amount of Each Receipt this Period \$500.00
B. Full Name, Mailing Address and ZIP Code Pac, American Council of Life Insurance 1001 Pennsylvania Ave Washington DC 20004 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer  Occupation Aggregate Year-to-Date > \$500.00	Date (month, day, year) 3/18/98	Amount of Each Receipt this Period \$500.00
C. Full Name, Mailing Address and ZIP Code Pac, Deere and Company Civic Action Fund John Deere RD Moline IL 61265 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer  Occupation Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 2/20/98	Amount of Each Receipt this Period \$1,000.00
D. Full Name, Mailing Address and ZIP Code Pac, Nfib Safe Trust 600 Maryland Ave Washington DC 20024 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer  Occupation Aggregate Year-to-Date > \$2,500.00	Date (month, day, year) 2/4/98	Amount of Each Receipt this Period \$2,500.00
E. Full Name, Mailing Address and ZIP Code Pac, Mortgage Brokers National Association 8201 Greenboro Dr Mc Lean VA 22102 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer  Occupation Aggregate Year-to-Date > \$500.00	Date (month, day, year) 3/6/98	Amount of Each Receipt this Period \$500.00
F. Full Name, Mailing Address and ZIP Code Pac, Circuit City Stores 9950 Maryland DR Richmond VA 23233 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer  Occupation Aggregate Year-to-Date > \$500.00	Date (month, day, year) 3/9/98	Amount of Each Receipt this Period \$500.00
G. Full Name, Mailing Address and ZIP Code Pac, Gng 1450 Poydras St New Orleans LA 70112 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer  Occupation Aggregate Year-to-Date > \$500.00	Date (month, day, year) 3/17/98	Amount of Each Receipt this Period \$500.00

SUBTOTAL of Receipts This Page (optional)

\$6,000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 2 OF 7

FOR LINE NUMBER

11(c)

**Contributions from Other Political Committees**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Chris John For Congress Committee INC.**

**C00316596**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<b>Pac, Chevron Employees</b> 575 Market ST San Francisco CA 94105		3/9/98	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation		
	Aggregate Year-to-Date > \$500.00		
<b>B. Full Name, Mailing Address and ZIP Code</b> Pac, Safari Club International 1001 26th St Washington DC 20037		3/23/98	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation		
	Aggregate Year-to-Date > \$500.00		
<b>C. Full Name, Mailing Address and ZIP Code</b> Pac, Council Of Farmers Cooperatives Co-OP 50 F ST Washington DC 20001		3/25/98	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation		
	Aggregate Year-to-Date > \$500.00		
<b>D. Full Name, Mailing Address and ZIP Code</b> Pac, Taxaco 1050 17th St Washington DC 20036		3/23/98	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation		
	Aggregate Year-to-Date > \$500.00		
<b>E. Full Name, Mailing Address and ZIP Code</b> Pac, Burlington Resources 5051 Westheimer Houston TX 77056		3/12/98	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation		
	Aggregate Year-to-Date > \$500.00		
<b>F. Full Name, Mailing Address and ZIP Code</b> Pac, Philip Morris 120 Park Ave New York NY 10017		3/17/98	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation		
	Aggregate Year-to-Date > \$500.00		
<b>G. Full Name, Mailing Address and ZIP Code</b> Pac, American Dental 1111 14th St Washington DC 20005		3/25/98	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation		
	Aggregate Year-to-Date > \$500.00		

SUBTOTAL of Receipts This Page (optional)

\$3,500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedules for each category of the Detailed Summary Page

PAGE 3 OF 7  
FOR LINE NUMBER 11(c)

**Contributions from Other Political Committees**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full) **Chris John For Congress Committee INC.** C00318598

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<b>Pac, Arpac</b> 451 Florida Blvd Baton Rouge LA 70801		3/18/98	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation	Aggregate Year-to-Date > \$500.00	
<b>B. Full Name, Mailing Address and ZIP Code</b> <b>Pac, Dairy Farmers of America</b> 3253 E Chestnut Springfield MO 65802		3/20/98	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation	Aggregate Year-to-Date > \$500.00	
<b>C. Full Name, Mailing Address and ZIP Code</b> <b>Pac, Jonas Walker Waechter Political Council &amp; Demogr</b> 201 St Charles Ave New Orleans LA 70170		3/3/98	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation	Aggregate Year-to-Date > \$500.00	
<b>D. Full Name, Mailing Address and ZIP Code</b> <b>Pac, Food Marketing Institute</b> 800 Connecticut Ave Washington DC 20006		3/24/98	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation	Aggregate Year-to-Date > \$500.00	
<b>E. Full Name, Mailing Address and ZIP Code</b> <b>Pac, American Trucking</b> 430 First St Washington DC 20003		3/24/98	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation	Aggregate Year-to-Date > \$500.00	
<b>F. Full Name, Mailing Address and ZIP Code</b> <b>Pac, Crop Protection</b> 1158 15th St Washington DC 20005		3/20/98	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation	Aggregate Year-to-Date > \$500.00	
<b>G. Full Name, Mailing Address and ZIP Code</b> <b>Pac, Entergy Employees</b> P.O. Box 31995 Jackson MS 39286		1/12/98	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation	Aggregate Year-to-Date > \$500.00	

SUBTOTAL of Receipts This Page (optional)	\$3,500.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 4 OF 7  
FOR LINE NUMBER 11(c)

**Contributions from Other Political Committees**

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NAME OF COMMITTEE (in Full)		C00316598	
<b>A. Full Name, Mailing Address and ZIP Code</b> Pac, Independent Bankers One Thomas Circle Washington DC 20005 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Name of Employer  Occupation Aggregate Year-to-Date > \$500.00	Date (month, day, year) 3/17/98 Amount of Each Receipt this Period \$500.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Pac, Machinists Non-Partisan Political League 9000 Machinists Place Upper Marlboro MD 20772 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Name of Employer  Occupation Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 3/9/98 Amount of Each Receipt this Period \$1,000.00
<b>C. Full Name, Mailing Address and ZIP Code</b> Pac, American Maritime Officers 650 4th Ave Brooklyn NY 11232 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Name of Employer  Occupation Aggregate Year-to-Date > \$500.00	Date (month, day, year) 3/19/98 Amount of Each Receipt this Period \$500.00
<b>D. Full Name, Mailing Address and ZIP Code</b> Pac, Unocal 2141 Rosecrans El Segundo CA 90245 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Name of Employer  Occupation Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 3/17/98 Amount of Each Receipt this Period \$1,000.00
<b>E. Full Name, Mailing Address and ZIP Code</b> Pac, American Forest & Paper Association 111 19th St Washington DC 20036 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Name of Employer  Occupation Aggregate Year-to-Date > \$500.00	Date (month, day, year) 3/25/98 Amount of Each Receipt this Period \$500.00
<b>F. Full Name, Mailing Address and ZIP Code</b> Pac, Rj Reynolds P.O. Box 718 Winston Salem NC 27102 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Name of Employer  Occupation Aggregate Year-to-Date > \$500.00	Date (month, day, year) 3/12/98 Amount of Each Receipt this Period \$500.00
<b>G. Full Name, Mailing Address and ZIP Code</b> Pac, Independent Insurance Agents of America 412 First St Washington DC 20003 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Name of Employer  Occupation Aggregate Year-to-Date > \$500.00	Date (month, day, year) 3/23/98 Amount of Each Receipt this Period \$500.00

SUBTOTAL of Receipts This Page (optional)	\$4,500.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 5 OF 7

FOR LINE NUMBER 11(c)

**Contributions from Other Political Committees**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)		C00316598		
<b>A. Full Name, Mailing Address and ZIP Code</b> <b>Pac, Agshf</b> <b>1333 New Hampshire Ave</b> <b>Washington DC 20036</b>		Name of Employer  Occupation	Date (month, day, year) 3/25/98	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Aggregate Year-to-Date > \$500.00		
<b>B. Full Name, Mailing Address and ZIP Code</b> <b>Pac, U S A Rice Federation</b> <b>4301 North Fairfax Dr</b> <b>Arlington VA 22203</b>		Name of Employer  Occupation	Date (month, day, year) 3/25/98	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Aggregate Year-to-Date > \$500.00		
<b>C. Full Name, Mailing Address and ZIP Code</b> <b>Pac, Air Transport Association</b> <b>1301 Pennsylvania Ave</b> <b>Washington DC 20004</b>		Name of Employer  Occupation	Date (month, day, year) 3/25/98	Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Aggregate Year-to-Date > \$250.00		
<b>D. Full Name, Mailing Address and ZIP Code</b> <b>Pac, NorthropGrumman Employees</b> <b>1234 6th St 204</b> <b>Santa Monica CA 90401</b>		Name of Employer  Occupation	Date (month, day, year) 2/23/98	Amount of Each Receipt this Period \$3,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Aggregate Year-to-Date > \$3,000.00		
<b>E. Full Name, Mailing Address and ZIP Code</b> <b>Pac, Praxair</b> <b>P.O. Box 2598</b> <b>Danbury CT 06813</b>		Name of Employer  Occupation	Date (month, day, year) 3/19/98	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Aggregate Year-to-Date > \$500.00		
<b>F. Full Name, Mailing Address and ZIP Code</b> <b>Pac, Bulld</b> <b>1201 15th St</b> <b>Washington DC 20005</b>		Name of Employer  Occupation	Date (month, day, year) 2/23/98	Amount of Each Receipt this Period \$2,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Aggregate Year-to-Date > \$5,000.00		
<b>G. Full Name, Mailing Address and ZIP Code</b> <b>Pac, Van Ness Feldman</b> <b>1050 Thomas Jefferson St</b> <b>Washington DC 20007</b>		Name of Employer  Occupation	Date (month, day, year) 3/25/98	Amount of Each Receipt this Period \$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Aggregate Year-to-Date > \$500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional)	\$7,250.00
<b>TOTAL</b> This Period (last page this line number only)	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 6 OF 7

FOR LINE NUMBER

11(c)

**Contributions from Other Political Committees**

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NAME OF COMMITTEE (in Full)			
<b>Chris John For Congress Committee INC.</b>		<b>C00316596</b>	
<b>A. Full Name, Mailing Address and ZIP Code</b> Pac, American Bankers Association 1120 Connecticut Ave Washington DC 20036	Name of Employer  Occupation	Date (month, day, year) 3/24/98	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date > \$500.00		
<b>B. Full Name, Mailing Address and ZIP Code</b> Pac, Build 1201 15th St Washington DC 20005	Name of Employer  Occupation	Date (month, day, year) 2/23/98	Amount of Each Receipt this Period \$3,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date > \$5,000.00		
<b>C. Full Name, Mailing Address and ZIP Code</b> Pac, Realtors 430 N Michigan Chicago IL 60611	Name of Employer  Occupation	Date (month, day, year) 3/12/98	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date > \$500.00		
<b>D. Full Name, Mailing Address and ZIP Code</b> Pac, Kaman Corporation 1332 Blue Hills Ave Bloomfield CT 06002	Name of Employer  Occupation	Date (month, day, year) 3/24/98	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date > \$500.00		
<b>E. Full Name, Mailing Address and ZIP Code</b> Pac, Council Of Insurance Agents & Brokers 701 Pennsylvania Ave Washington DC 20004	Name of Employer  Occupation	Date (month, day, year) 3/24/98	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date > \$500.00		
<b>F. Full Name, Mailing Address and ZIP Code</b> Pac, Mobil 3225 Gallows Rd Fairfax VA 22037	Name of Employer  Occupation	Date (month, day, year) 3/24/98	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date > \$500.00		
<b>G. Full Name, Mailing Address and ZIP Code</b> Pac, Union Pacific Corporation Fund For Good Government 600 Thirteenth St Washington DC 20005	Name of Employer  Occupation	Date (month, day, year) 3/25/98	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date > \$500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional)	>	\$6,000.00
<b>TOTAL</b> This Period (last page this line number only)	>	



**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 7 OF 7

FOR LINE NUMBER:

11(c)

**Contributions from Other Political Committees**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

<p><b>A. Full Name, Mailing Address and ZIP Code</b>                  Pac, Koch                  P.O. Box 2256                  Wichita KS 67201</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$500.00</p>	<p>Date (month, day, year)                  3/25/98</p>	<p>Amount of Each Receipt this Period                  \$500.00</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b>                  Pac, Midcontinent Oil and Gas                  801 Pennsylvania Ave NW                  Washington DC 20004</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$500.00</p>	<p>Date (month, day, year)                  3/2/98</p>	<p>Amount of Each Receipt this Period                  \$500.00</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b>                  Pac, Associated Builders &amp; Contractors                  1300 N 17th St                  Arlington VA 22208</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$1,000.00</p>	<p>Date (month, day, year)                  3/25/98</p>	<p>Amount of Each Receipt this Period                  \$1,000.00</p>
<p><b>Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employee</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt;</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employee</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt;</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employee</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt;</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employee</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt;</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

<p><b>SUBTOTAL</b> of Receipts This Page (optional) .....</p>	<p>\$2,000.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p>\$32,750.00</p>

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

FOR LINE NUMBER  
N/A

**Exempt Legal and Accounting Services**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

<p><b>A. Full Name, Mailing Address and ZIP Code</b> Duhon, Stella P.O. Drawer 307 Crowley LA 70527</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Broussard Poche Lewis and Breaux</p> <p>Occupation Typist</p> <p>Aggregate Year-to-Date &gt; \$0.00</p>	<p>Date (month, day, year) 3/31/98</p>	<p>Amount of Each Receipt this Period \$92.25 MEMO EXEMPT Exempt Legal/Accounting</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b> Breaux, Troy P.O. Box 307 Crowley LA 70527</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Broussard Poche Lewis and Breaux</p> <p>Occupation C P A</p> <p>Aggregate Year-to-Date &gt; \$0.00</p>	<p>Date (month, day, year) 3/31/98</p>	<p>Amount of Each Receipt this Period \$132.00 MEMO EXEMPT Exempt Legal/Accounting</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b> Trahan, Stephanie P.O. Drawer 307 Crowley LA 70527</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Broussard Poche Lewis and Breaux</p> <p>Occupation C P A</p> <p>Aggregate Year-to-Date &gt; \$0.00</p>	<p>Date (month, day, year) 3/31/98</p>	<p>Amount of Each Receipt this Period \$2,920.50 MEMO EXEMPT Exempt Legal/Accounting</p>
<p><b>Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employee</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt;</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employee</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt;</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employee</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt;</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employee</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt;</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>&gt;</p>	<p>\$3,144.75</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>&gt;</p>	<p>\$3,144.75</p>

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 11

FOR LINE NUMBER

17

**Operating Expenditures**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Abwa 930 Abbeville Hwy Rayne LA 70578	Donation Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	3/26/98	\$10.00
B. Full Name, Mailing Address and ZIP Code Acadia Livestock Show Fund P.O. Box 289 Crowley LA 70526	Donation Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	2/26/98	\$30.00
C. Full Name, Mailing Address and ZIP Code Aspen Software 1019 Juniper ST Quakertown PA 18951	Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	2/26/98	\$3,995.00
D. Full Name, Mailing Address and ZIP Code Associates, Townhouse 1155 21st St Washington DC 20038	IN-KIND RECEIVED Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	3/27/98	\$100.00
E. Full Name, Mailing Address and ZIP Code Buckle Up Car Rental 8710 E Cave Creek Road Cave Creek AZ 85331	Travel Expense Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	1/27/98	\$273.74
F. Full Name, Mailing Address and ZIP Code Cajun Want Ad P.O. Box 5310 Lafayette LA 70502	Print Ads Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	3/13/98	\$20.00
G. Full Name, Mailing Address and ZIP Code Campaign And Election P.O. Box 98273 Washington DC 20077	Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	3/12/98	\$39.95
H. Full Name, Mailing Address and ZIP Code Carenere Athletic Club 721 Butcher Switch Rd Carenere LA 70520	Donation Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	3/22/98	\$100.00
I. Full Name, Mailing Address and ZIP Code Charley G 3809 Ambassador PKWY Lafayette LA 70503	Dining Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	3/25/98	\$62.14

SUBTOTAL of Disbursements This Page (optional)	\$4,630.83
TOTAL This Period (last page this line number only)	

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

**Operating Expenditures**

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

<b>A. Full Name, Mailing Address and ZIP Code</b> Charley G 3809 Ambassador PKWY Lafayette LA 70503	<b>Purpose of Disbursement</b> Dining  Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Date (month, day, year)</b> 3/26/98	<b>Amount of Each Disbursement this Period</b> \$323.86
<b>B. Full Name, Mailing Address and ZIP Code</b> Chevron 0020331 Street Required Shreveport LA 71101	<b>Purpose of Disbursement</b> Travel Expense  Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Date (month, day, year)</b> 3/26/98	<b>Amount of Each Disbursement this Period</b> \$18.00
<b>C. Full Name, Mailing Address and ZIP Code</b> Citibank AAdvantage P.O. Box 8501 Hagerstown MD 21748	<b>Purpose of Disbursement</b> Bank Service Charge Bank Service Charge  Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Date (month, day, year)</b> 1/31/98	<b>Amount of Each Disbursement this Period</b> \$42.52
<b>D. Full Name, Mailing Address and ZIP Code</b> Citibank AAdvantage P.O. Box 8501 Hagerstown MD 21748	<b>Purpose of Disbursement</b> Bank Service Charge Bank Service Charge  Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Date (month, day, year)</b> 2/26/98	<b>Amount of Each Disbursement this Period</b> \$90.69
<b>E. Full Name, Mailing Address and ZIP Code</b> Congressional Hunger Center 229 1/2 Pennsylvania AVE SE Washington DC 20003	<b>Purpose of Disbursement</b> Donation contribution  Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Date (month, day, year)</b> 3/3/98	<b>Amount of Each Disbursement this Period</b> \$100.00
<b>F. Full Name, Mailing Address and ZIP Code</b> Copeland's 18 3525 Gerstner Memorial Lake Charles LA 70605	<b>Purpose of Disbursement</b> Dining  Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Date (month, day, year)</b> 3/26/98	<b>Amount of Each Disbursement this Period</b> \$71.51
<b>G. Full Name, Mailing Address and ZIP Code</b> Crowley Post Signal 802 N Parkerson Avenue Crowley LA 70527	<b>Purpose of Disbursement</b> Media  Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Date (month, day, year)</b> 1/23/98	<b>Amount of Each Disbursement this Period</b> \$40.00
<b>H. Full Name, Mailing Address and ZIP Code</b> David Andrukitts 50 E Street SE Washington DC 20003	<b>Purpose of Disbursement</b> Fundraising Expense  Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Date (month, day, year)</b> 1/23/98	<b>Amount of Each Disbursement this Period</b> \$84.07
<b>I. Full Name, Mailing Address and ZIP Code</b> David Andrukitts 50 E Street SE Washington DC 20003	<b>Purpose of Disbursement</b> Fundraising Expense  Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Date (month, day, year)</b> 1/23/98	<b>Amount of Each Disbursement this Period</b> \$124.46

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>\$895.11</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 3 OF 11

FOR LINE NUMBER

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**Operating Expenditures**

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NAME OF COMMITTEE (in Full)

**Chris John For Congress Committee INC.**

**G00316596**

<p>A. Full Name, Mailing Address and ZIP Code  <b>David Andrukittle</b>  <b>50 E Street SE</b>  <b>Washington DC 20003</b></p>	<p>Purpose of Disbursement  <b>Fundraising Expense</b>                  Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Date (month, day, year)  <b>3/12/98</b></p>	<p>Amount of Each Disbursement this Period  <b>\$946.25</b></p>
<p>B. Full Name, Mailing Address and ZIP Code  <b>Dccc</b>  <b>430 South ST</b>  <b>Washington DC 20003</b></p>	<p>Purpose of Disbursement  <b>Travel Expense</b>                  Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Date (month, day, year)  <b>2/26/98</b></p>	<p>Amount of Each Disbursement this Period  <b>\$1,076.64</b></p>
<p>C. Full Name, Mailing Address and ZIP Code  <b>Dillards</b>  <b>5725 Johnston</b>  <b>Lafayette LA 70503</b></p>	<p>Purpose of Disbursement  <b>Fundraising</b>                  Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Date (month, day, year)  <b>3/26/98</b></p>	<p>Amount of Each Disbursement this Period  <b>\$105.35</b></p>
<p>D. Full Name, Mailing Address and ZIP Code  <b>Dons Seafood House</b>  <b>301 E Vermillon</b>  <b>Lafayette LA 70501</b></p>	<p>Purpose of Disbursement  <b>Dining</b>                  Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Date (month, day, year)  <b>2/26/98</b></p>	<p>Amount of Each Disbursement this Period  <b>\$121.95</b></p>
<p>E. Full Name, Mailing Address and ZIP Code  <b>Dons Seafood House</b>  <b>301 E Vermillon</b>  <b>Lafayette LA 70501</b></p>	<p>Purpose of Disbursement  <b>Dining</b>                  Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Date (month, day, year)  <b>2/26/98</b></p>	<p>Amount of Each Disbursement this Period  <b>\$95.28</b></p>
<p>F. Full Name, Mailing Address and ZIP Code  <b>Evageline Bank</b>  <b>Account Address</b>  <b>Crowley LA 70527</b></p>	<p>Purpose of Disbursement  <b>Taxes</b>                  Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Date (month, day, year)  <b>3/13/98</b></p>	<p>Amount of Each Disbursement this Period  <b>\$231.00</b></p>
<p>G. Full Name, Mailing Address and ZIP Code  <b>Evageline Bank</b>  <b>Account Address</b>  <b>Crowley LA 70527</b></p>	<p>Purpose of Disbursement  <b>Taxes</b>                  Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Date (month, day, year)  <b>2/11/98</b></p>	<p>Amount of Each Disbursement this Period  <b>\$231.00</b></p>
<p>H. Full Name, Mailing Address and ZIP Code  <b>Evageline Bank</b>  <b>Account Address</b>  <b>Crowley LA 70527</b></p>	<p>Purpose of Disbursement  <b>Taxes</b>                  Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Date (month, day, year)  <b>1/8/98</b></p>	<p>Amount of Each Disbursement this Period  <b>\$231.00</b></p>
<p>I. Full Name, Mailing Address and ZIP Code  <b>Exxon</b>  <b>3940 E Camelback</b>  <b>Phoenix AZ 85018</b></p>	<p>Purpose of Disbursement  <b>Travel Expense Travel Expense</b>                  Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Date (month, day, year)  <b>1/27/98</b></p>	<p>Amount of Each Disbursement this Period  <b>\$13.96</b></p>

SUBTOTAL of Disbursements This Page (optional)

\$3,052.43

TOTAL This Period (last page this line number only)

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedules for each category of the Capital Summary Page

PAGE 4 OF 11  
FOR LINE NUMBER 17

**Operating Expenditures**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)		C00316596	
A. Full Name, Mailing Address and ZIP Code Gateway 2000 610 Gateway DR North Sioux City SD 57049	Purpose of Disbursement Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/26/98	Amount of Each Disbursement this Period \$2,123.00
B. Full Name, Mailing Address and ZIP Code Interdominational Alliance 307 Maple St Lake Charles LA 70601	Purpose of Disbursement Donation Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/9/98	Amount of Each Disbursement this Period \$100.00
C. Full Name, Mailing Address and ZIP Code Internal Revenue Service Street Required Memphis TN 37501	Purpose of Disbursement Taxes Taxes Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 1/8/98	Amount of Each Disbursement this Period \$76.00
D. Full Name, Mailing Address and ZIP Code Jesse House Of Flowers 417 Alamo Street Lake Charles LA 70601	Purpose of Disbursement Office Expenses Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 1/8/98	Amount of Each Disbursement this Period \$158.42
E. Full Name, Mailing Address and ZIP Code Jesse House Of Flowers 417 Alamo Street Lake Charles LA 70601	Purpose of Disbursement Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/19/98	Amount of Each Disbursement this Period \$43.13
F. Full Name, Mailing Address and ZIP Code John, Chris P.O. Box 971 Crowley LA 70527	Purpose of Disbursement Office Expenses reimb office supplies Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/20/98	Amount of Each Disbursement this Period \$323.91
G. Full Name, Mailing Address and ZIP Code Kaplan Advertising P.O. Drawer 61500 Lafayette LA 70506	Purpose of Disbursement Fundraising Expense Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/19/98	Amount of Each Disbursement this Period \$395.71
H. Full Name, Mailing Address and ZIP Code Kaplan Advertising P.O. Drawer 61500 Lafayette LA 70506	Purpose of Disbursement Fundraising Expense Campaign Consultant Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/26/98	Amount of Each Disbursement this Period \$839.25
I. Full Name, Mailing Address and ZIP Code La Dept Of Ravanue P.O. Box 91017 Baton Rouge LA 70821	Purpose of Disbursement Taxes Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 1/8/98	Amount of Each Disbursement this Period \$98.00

SUBTOTAL of Disbursements This Page (optional)	\$4,157.42
TOTAL This Period (last page this line number only)	

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 5 OF 11

FOR LINE NUMBER

17

**Operating Expenditures**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Chris John For Congress Committee INC.**

**C00316596**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Miller, Pat Box 1349 Hwy 749 Opelousas LA 70570	Campaign Workers' Salaries Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	2/27/98	\$500.00
Miller, Pat Box 1349 Hwy 749 Opelousas LA 70570	Campaign Workers' Salaries Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	3/27/98	\$500.00
Nickel, J P 1425 Gum Point Rd Branch LA 70518	Office Expenses Subscription For Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	1/23/98	\$144.00
Office Depot 4670 Johnston St Lafayette LA 70508	Office Expenses Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	3/16/98	\$48.36
Office Max 5700 Johnson Street Lafayette LA 70503	Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	3/26/98	\$15.64
Office Max 5700 Johnson Street Lafayette LA 70503	Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	3/26/98	\$21.49
Office Max 6700 Johnson Street Lafayette LA 70503	Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	1/9/98	\$648.19
Office Of Employment Security P.O. Box 94050 Baton Rouge LA 70804	Taxes Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	1/6/98	\$41.75
Postmaster Street Required Kaplan LA 70548	Postage Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	2/3/98	\$7.40

SUBTOTAL of Disbursements This Page (optional)

\$1,926.83

TOTAL This Period (last page this line number only)

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule for each category of the Detailed Summary Page

PAGE 6 OF 11

FOR LINE NUMBER

17

**Operating Expenditures**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full) **Chris John For Congress Committee INC.** C00318596

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Postmaster Street Required Crowley LA 70527	Office Expenses Rent for Box Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	1/23/98	\$104.00
Postmaster Street Required Kaplan LA 70548	Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	1/20/98	\$64.00
Postmaster Street Required Lafayette LA 70596	Postage Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	3/12/98	\$64.00
Postmaster Street Required Lafayette LA 70596	Postage Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	3/26/98	\$66.89
Raymonds At Antlers 555 Jefferson Lafayette LA 70501	Dining Dining Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	3/26/98	\$50.73
Richard Seafood Patio 1516 S Henry Street Abbeville LA 70510	Dining Dining Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	3/26/98	\$94.06
Richard Seafood Patio 1516 S Henry Street Abbeville LA 70510	Dining Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	1/27/98	\$179.00
Roy Al Flowers And Gifts 401 W University Lafayette LA 70506	Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	3/30/98	\$56.44
Roy Al Flowers And Gifts 401 W University Lafayette LA 70506	Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	1/23/98	\$37.55

SUBTOTAL of Disbursements This Page (optional) **\$716.67**

TOTAL This Period (last page this line number only)



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 7 OF 11  
FOR LINE NUMBER 17

**Operating Expenditures**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committees.

NAME OF COMMITTEE (In Full)		C00318596	
A. Full Name, Mailing Address and ZIP Code Ruth Chris Steak 507 W Pinhook Lafayette LA 70508	Purpose of Disbursement Dining Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/26/98	Amount of Each Disbursement this Period \$84.52
B. Full Name, Mailing Address and ZIP Code Ruth Chris Steak 507 W Pinhook Lafayette LA 70508	Purpose of Disbursement Dining Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/26/98	Amount of Each Disbursement this Period \$83.93
C. Full Name, Mailing Address and ZIP Code Ruth Chris Steak 507 W Pinhook Lafayette LA 70508	Purpose of Disbursement Dining Dining Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 1/27/98	Amount of Each Disbursement this Period \$138.69
D. Full Name, Mailing Address and ZIP Code Sams Wholesale Club 130 N Ambassador Pkwy Scott LA 70583	Purpose of Disbursement Fundraising Expense Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/22/98	Amount of Each Disbursement this Period \$95.25
E. Full Name, Mailing Address and ZIP Code Sams Wholesale Club 130 N Ambassador Pkwy Scott LA 70583	Purpose of Disbursement Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/22/98	Amount of Each Disbursement this Period \$30.00
F. Full Name, Mailing Address and ZIP Code Secretary Of State P.O. Box 94125 Baton Rouge LA 70804	Purpose of Disbursement Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/11/98	Amount of Each Disbursement this Period \$5.00
G. Full Name, Mailing Address and ZIP Code Sheetz 221 10101 J Madison Bealeton VA 22712	Purpose of Disbursement Travel Expense Travel Expense Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/26/98	Amount of Each Disbursement this Period \$15.00
H. Full Name, Mailing Address and ZIP Code Shreve, Angela 3226 Stakes RD Crowley LA 70527	Purpose of Disbursement Campaign Workers' Salaries Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 1/15/98	Amount of Each Disbursement this Period \$250.00
I. Full Name, Mailing Address and ZIP Code Shreve, Angela 3226 Stakes RD Crowley LA 70527	Purpose of Disbursement Campaign Workers' Salaries Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/13/98	Amount of Each Disbursement this Period \$250.00

SUBTOTAL of Disbursements This Page (optional)	\$952.39
TOTAL This Period (last page this line number only)	

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedules for each category of the Detailed Summary Page

PAGE 8 OF 11

FOR LINE NUMBER

17

**Operating Expenditures**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

**Chris John For Congress Committee INC.**

**C00316598**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Shreve, Angela 3226 Stakes RD Crowley LA 70527	Campaign Workers' Salaries Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	3/12/98	\$250.00
B. Full Name, Mailing Address and ZIP Code Southside 815 815 S Washington Alexandria VA 22314	Purpose of Disbursement Dining Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	2/26/98	\$233.07
C. Full Name, Mailing Address and ZIP Code Texaco U S 50 and Cox Creek Chester MD 21619	Purpose of Disbursement Travel Expense Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	1/27/98	\$18.84
D. Full Name, Mailing Address and ZIP Code The Rayne Independent 201 E St Rayne LA 70578	Purpose of Disbursement Office Expenses 98 subscription Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	2/3/98	\$14.00
E. Full Name, Mailing Address and ZIP Code Tortilla Coast 400 First Street SE Washington DC 20016	Purpose of Disbursement Dining Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	3/26/98	\$10.70
F. Full Name, Mailing Address and ZIP Code Turnley, Kim 512 S Irving Kaplan LA 70548	Purpose of Disbursement Office Expenses phone usage Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	3/30/98	\$44.76
G. Full Name, Mailing Address and ZIP Code Turnley, Kim 512 S Irving Kaplan LA 70548	Purpose of Disbursement Campaign Workers' Salaries Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	2/6/98	\$409.58
H. Full Name, Mailing Address and ZIP Code Turnley, Kim 512 S Irving Kaplan LA 70548	Purpose of Disbursement Office Expenses reimb phone charges Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	3/20/98	\$27.52
I. Full Name, Mailing Address and ZIP Code Turnley, Kim 512 S Irving Kaplan LA 70548	Purpose of Disbursement Campaign Workers' Salaries Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	3/20/98	\$409.58

SUBTOTAL of Disbursements This Page (optional)

\$1,418.05

TOTAL This Period (last page this line number only)

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 9 OF 11

FOR LINE NUMBER 17

**Operating Expenditures**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Turnley, Kim 512 S Irving Kaplan LA 70548	Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	1/27/98	\$62.76
Turnley, Kim 512 S Irving Kaplan LA 70548	Campaign Workers' Salaries Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	1/23/98	\$409.58
Turnley, Kim 512 S Irving Kaplan LA 70548	Campaign Workers' Salaries Campaign Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	1/9/98	\$409.58
Turnley, Kim 512 S Irving Kaplan LA 70548	Office Expenses reimb campaign supplies Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	3/12/98	\$403.52
Turnley, Kim 512 S Irving Kaplan LA 70548	Campaign Workers' Salaries Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	3/6/98	\$409.58
Turnley, Kim 512 S Irving Kaplan LA 70548	Office Expenses phone usage Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	3/3/98	\$69.51
Turnley, Kim 512 S Irving Kaplan LA 70548	Campaign Workers' Salaries Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	2/20/98	\$409.58
Turnley, Kim 512 S Irving Kaplan LA 70548	Office Expenses phone usage Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	2/6/98	\$30.46
U S House Members Dining Street Required Washington DC 20515	Dining Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	3/26/98	\$40.95

SUBTOTAL of Disbursements This Page (optional) .....	\$2,245.52
TOTAL This Period (last page this line number only) .....	

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 10 OF 11  
FOR LINE NUMBER 17

**Operating Expenditures**

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NAME OF COMMITTEE (In Full)		C00316598	
<b>A. Full Name, Mailing Address and ZIP Code</b> U S House Of Rep Gift Shop B 217 Longworth Building Washington DC 20515	<b>Purpose of Disbursement</b> Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Date (month, day, year)</b> 3/26/98	<b>Amount of Each Disbursement this Period</b> \$15.06
<b>B. Full Name, Mailing Address and ZIP Code</b> U S House Of Rep Gift Shop B 217 Longworth Building Washington DC 20515	<b>Purpose of Disbursement</b> Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Date (month, day, year)</b> 3/26/98	<b>Amount of Each Disbursement this Period</b> \$18.00
<b>G. Full Name, Mailing Address and ZIP Code</b> U S House Of Rep Gift Shop B 217 Longworth Building Washington DC 20515	<b>Purpose of Disbursement</b> Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Date (month, day, year)</b> 1/27/98	<b>Amount of Each Disbursement this Period</b> \$110.82
<b>D. Full Name, Mailing Address and ZIP Code</b> U S House Of Rep Gift Shop B 217 Longworth Building Washington DC 20515	<b>Purpose of Disbursement</b> Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Date (month, day, year)</b> 1/27/98	<b>Amount of Each Disbursement this Period</b> \$60.00
<b>E. Full Name, Mailing Address and ZIP Code</b> U S Postal Street Required Kaplan LA 70548	<b>Purpose of Disbursement</b> Postage Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Date (month, day, year)</b> 3/9/98	<b>Amount of Each Disbursement this Period</b> \$10.75
<b>F. Full Name, Mailing Address and ZIP Code</b> U S Postal Service 455 Feu Follet Lafayette LA 70508	<b>Purpose of Disbursement</b> Postage Postage Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Date (month, day, year)</b> 3/26/98	<b>Amount of Each Disbursement this Period</b> \$32.00
<b>G. Full Name, Mailing Address and ZIP Code</b> U S Postal Service Street Required Washington DC 20003	<b>Purpose of Disbursement</b> Postage Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Date (month, day, year)</b> 2/25/98	<b>Amount of Each Disbursement this Period</b> \$600.00
<b>H. Full Name, Mailing Address and ZIP Code</b> United States Postal Service Street Required Washington DC 20515	<b>Purpose of Disbursement</b> Postage Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Date (month, day, year)</b> 3/26/98	<b>Amount of Each Disbursement this Period</b> \$3.00
<b>I. Full Name, Mailing Address and ZIP Code</b> United States Postal Service Street Required Washington DC 20515	<b>Purpose of Disbursement</b> Postage Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Date (month, day, year)</b> 3/26/98	<b>Amount of Each Disbursement this Period</b> \$27.30

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	\$876.93
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 11 OF 11

FOR LINE NUMBER 17

**Operating Expenditures**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)		C00316598	
A. Full Name, Mailing Address and ZIP Code United States Postal Service Street Required Washington DC 20515	Purpose of Disbursement Postage Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/26/98	Amount of Each Disbursement this Period \$32.00
B. Full Name, Mailing Address and ZIP Code Walmart Street Required Crowley LA 70527	Purpose of Disbursement Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/26/98	Amount of Each Disbursement this Period \$124.08
C. Full Name, Mailing Address and ZIP Code Whiting Office Supplies 312 N Parkerson Avenue Crowley LA 70527	Purpose of Disbursement Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 1/20/98	Amount of Each Disbursement this Period \$5.44
D. Full Name, Mailing Address and ZIP Code Wintergreen Resort P.O. Box 706 Nellysford VA 22958	Purpose of Disbursement Travel Expense Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/26/98	Amount of Each Disbursement this Period \$500.00
E. Full Name, Mailing Address and ZIP Code Wintergreen Resort P.O. Box 706 Nellysford VA 22958	Purpose of Disbursement Travel Expense Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/26/98	Amount of Each Disbursement this Period \$123.75
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year)	Amount of Each Disbursement this Period
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year)	Amount of Each Disbursement this Period
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year)	Amount of Each Disbursement this Period
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year)	Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)	\$785.27
TOTAL This Period (last page this line number only)	\$21,657.45

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 21

**Other Disbursements**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
<b>Friends Of Lois Capps</b> <b>25 West Anapamu</b> <b>Santa Barbara CA 93101</b>	Purpose of Disbursement <b>Lois Capps House 35 (CA)</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) <b>2/3/98</b>	Amount of Each Disbursement this Period <b>\$500.00</b>
<b>B. Full Name, Mailing Address and ZIP Code</b> <b>Sanchez Recount Fund</b> <b>444 S Occidental Blvd Suite 421</b> <b>Los Angeles CA 90057</b>	Purpose of Disbursement <b>Loretta Sanchez House 46 (CA)</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) <b>2/3/98</b>	Amount of Each Disbursement this Period <b>\$500.00</b>
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year)	Amount of Each Disbursement this Period
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year)	Amount of Each Disbursement this Period
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year)	Amount of Each Disbursement this Period
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year)	Amount of Each Disbursement this Period
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year)	Amount of Each Disbursement this Period
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year)	Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)	\$1,000.00
TOTAL This Period (last page this line number only)	\$1,000.00

**LOANS**

Name of Committee (in Full) **CHRIS JOHN FOR CONGRESS COMMITTEE, INC.** C00316596

A. Full Name, Mailing Address and ZIP Code of Loan Source  CHRISTOPHER JOHN P.O. BOX 971 CROWLEY, LA 70527-0971 Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Original Amount of Loan  5,000.00	Cumulative Payment To Date  - 0 -	Balance Outstanding at Close of This Period  5,000.00
---	---	---	---

Term: Date Incurred 12-10-96 Date Due NONE Interest Rate NONE % (apr) - Secured

List All Endorsers or Guarantors (if any) to Item A

1. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation  Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation  Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation  Amount Guaranteed Outstanding: \$		

B. Full Name, Mailing Address and ZIP Code of Loan Source  CHRISTOPHER JOHN P.O. BOX 971 CROWLEY, LA 70527-0971 Election: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Original Amount of Loan  5,000.00	Cumulative Payment To Date  - 0 -	Balance Outstanding at Close of This Period  5,000.00
--	---	---	---

Term: Date Incurred 12-13-96 Date Due NONE Interest Rate NONE % (apr) - Secured

List All Endorsers or Guarantors (if any) to Item B

1. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation  Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation  Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation  Amount Guaranteed Outstanding: \$		

SUBTOTALS This Period This Page (optional)	10,000.00
TOTALS This Period (list page in this line only)	(blank)

LOANS

Name of Committee (in Full) <b>CHRIS JOHN FOR CONGRESS COMMITTEE, INC.</b>		<b>C00316596</b>	
A. Full Name, Mailing Address and ZIP Code of Loan Source <b>CHRISTOPHER JOHN P.O. BOX 971 CROWLEY, LA 70527-0971</b> Election: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Original Amount of Loan <b>2,500.00</b>	Cumulative Payments To Date <b>- 0 -</b>	Balance Outstanding at Close of This Period <b>2,500.00</b>
Terms: Date Incurred <u>12-26-96</u> Date Due <u>NONE</u> Interest Rate <u>NONE</u> % (appt) <input type="checkbox"/> Secured <input type="checkbox"/>			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
B. Full Name, Mailing Address and ZIP Code of Loan Source <b>CHRISTOPHER JOHN P.O. BOX 971 CROWLEY, LA 70527-0971</b> Election: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Original Amount of Loan <b>2,500.00</b>	Cumulative Payments To Date <b>- 0 -</b>	Balance Outstanding at Close of This Period <b>2,500.00</b>
Terms: Date Incurred <u>1-15-97</u> Date Due <u>NONE</u> Interest Rate <u>NONE</u> % (appt) <input type="checkbox"/> Secured <input type="checkbox"/>			
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
<b>SUBTOTALS This Period This Page (optional)</b>			<b>5,000.00</b>
<b>TOTALS This Period (last page in this line only)</b>			<b>15,000.00</b>


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



Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 4/15/98
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 PREPARER	4/21/98 DATE PREPARED