

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

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

CRAIG ROMERO FOR CONGRESS INC.

ADDRESS (number and street)  
▼

P. O. Box 13657

☐Check if different  
than previously  
reported. (ACC)

New Iberia

LA

70562

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C00398974

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)

LA

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☐

April 15 Quarterly Report (Q1)

☐

July 15 Quarterly Report (Q2)

☒

October 15 Quarterly Report (Q3)

☐

January 31 Year-End Report (YE)

☐

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the  
State of

(c) 30-Day POST-Election Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

07

23

2006

through

09

30

2006

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

Type or Print Name of Treasurer

Jeffrey Landry

Signature of Treasurer

Electronically Filed by Jeffrey Landry

Date

04

23

2007

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

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

CRAIG ROMERO FOR CONGRESS INC.

Report Covering the Period:

From:

M M  
0 7D D  
2 3Y Y Y Y  
2 0 0 6

To:

M M  
0 9D D  
3 0Y Y Y Y  
2 0 0 6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	320379.00	1689297.72
(b) Total Contribution Refunds (from Line 20(d)).....	32700.00	139414.16
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	287679.00	1549883.56
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	1010333.29	1421816.89
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	14.39
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	1010333.29	1421802.50
8. Cash on Hand at Close of Reporting Period (from Line 27).....	165462.86	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	4000.00	

## For further information contact:

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

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

## DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2003)

Page 3

Write or Type Committee Name

CRAIG ROMERO FOR CONGRESS INC.

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	2	3	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	0	6

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees	252510.00	1478402.72
(i) Itemized (use Schedule A).....	15369.00	69895.00
(ii) Unitemized.....	267879.00	1548297.72
(iii) TOTAL of contributions from individuals..... ▶	0.00	500.00
(b) Political Party Committees.....	52500.00	129500.00
(c) Other Political Committees (such as PACS).....	0.00	11000.00
(d) The Candidate.....	320379.00	1689297.72
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	16137.06	16137.06
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....		
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....		
	0.00	14.39
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	159.54	1991.18
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶		
	336675.60	1707440.35

# DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	1010333.29	1421816.89
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	66000.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	66000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	32700.00	139414.16
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	32700.00	139414.16
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	1043033.29	1627231.05

## III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	871820.55
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	336675.60
25. SUBTOTAL (add Line 23 and Line 24).....	1208496.15
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	1043033.29
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	165462.86

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

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

FOR LINE NUMBER: PAGE 5 / 195

(check only one)

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Octave P. Montagnet Mailing Address 121 Teche Dr City State Zip Code Lafayette LA 70503-2537 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 300.00		Date of Receipt MM / DD / YYYY 07 / 24 / 2006 <b>Transaction ID:</b> A309716BE9E9D4E599E9 Amount of Each Receipt this Period 100.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Richard A. Soileau Mailing Address 2418 Erath St City State Zip Code New Iberia LA 70560-7071 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Soileau's Pharmacy Occupation Pharmacist Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00		Date of Receipt MM / DD / YYYY 07 / 24 / 2006 <b>Transaction ID:</b> ADC14899AB61741D0824 Amount of Each Receipt this Period 1000.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Michael Polito Mailing Address 7447 Bocage Ct City State Zip Code Baton Rouge LA 70809-1144 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00		Date of Receipt MM / DD / YYYY 07 / 24 / 2006 <b>Transaction ID:</b> A385C9855E44A445E94D Amount of Each Receipt this Period 1000.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		2100.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 6 / 195

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mr. Christopher Ferrara</p> <p>Mailing Address 19108 S Augusta Dr</p> <p>City State Zip Code Baton Rouge LA 70810-5935</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Ferrara Fire Apparatus, Inc</p> <p>Occupation Owner</p> <p>Receipt For: 2006  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1000.00</p>	<p>Date of Receipt  M M / D D / Y Y Y Y Y  0 7 / 2 7 / 2 0 0 6</p> <p>Transaction ID: A2D9E474E7B444726BA2</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>Check  <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Mr. Charles E. Langlinais</p> <p>Mailing Address 612 West Main</p> <p>City State Zip Code Broussard LA 70518-3819</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer The City of Broussard</p> <p>Occupation Mayor</p> <p>Receipt For: 2006  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 250.00</p>	<p>Date of Receipt  M M / D D / Y Y Y Y Y  0 7 / 2 8 / 2 0 0 6</p> <p>Transaction ID: A92E041E433DA42D59BE</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Check  <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Mr. R.B. Lattimore</p> <p>Mailing Address 3224 E. St Bernard Hwy</p> <p>City State Zip Code Meraux LA 70075-2537</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Chalmette Trailer Park Inc.</p> <p>Occupation Unknown</p> <p>Receipt For: 2006  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 250.00</p>	<p>Date of Receipt  M M / D D / Y Y Y Y Y  0 7 / 2 8 / 2 0 0 6</p> <p>Transaction ID: A75BDDF17E33D4251AF9</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Check  <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional) .....</p> <p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p>1500.00</p>

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

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

FOR LINE NUMBER: PAGE 7 / 195

(check only one)

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Carroll J. Fuselier Mailing Address 100 Warwicke Dr. City State Zip Code Lafayette LA 70508-7134 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 3 1 / 2 0 0 6 <b>Transaction ID:</b> A888002B1F3584B0383A Amount of Each Receipt this Period 500.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Carol Cheek Mohler Mailing Address 706 Douglas Dr. City State Zip Code Johnson City TN 37604-1921 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 4200.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 3 1 / 2 0 0 6 <b>Transaction ID:</b> AC198B66B93D24AC8B30 Amount of Each Receipt this Period 2100.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Carol Cheek Mohler Mailing Address 706 Douglas Dr. City State Zip Code Johnson City TN 37604-1921 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 4200.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 3 1 / 2 0 0 6 <b>Transaction ID:</b> AE5583BBC00184D89B16 Amount of Each Receipt this Period 2100.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		4700.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 195

(check only one)

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Rene J Landry, Sr. Mailing Address 9600 Longside Rd City State Zip Code New Iberia LA 70560-0691 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Enviromental Consultant Self Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 450.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 3 1 / 2 0 0 6 <b>Transaction ID:</b> A0B45EDE7C27C426DAA8 Amount of Each Receipt this Period 250.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Mrs. Kathryn Hobbs Mailing Address 227 Duperior Ave City State Zip Code New Iberia LA 70560-2417 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Saturn Realty & Land Sales Information Requested Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> AAE87B33C8C00487CAEB Amount of Each Receipt this Period 2000.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Mrs. Jackie Bartels Mailing Address 108 Isle of Cuba Rd. City State Zip Code Schriever LA 70395-3433 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Information Requested Information Requested Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> A0412332B348947FDBF1 Amount of Each Receipt this Period 1000.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

**3250.00**

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

**A.** Mr. Jack E. Lawton, Sr.

Mailing Address 101 N. Huntington St.

City	State	Zip Code
Sulphur	LA	70663-2601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information RequestedOccupation  
Information Requested

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: A7EF069C5256C4532B22

Amount of Each Receipt this Period

1000.00

Check

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

Full Name (Last, First, Middle Initial)

**B.** Olde Towne Metal Sculptures

Mailing Address 1611 E. Millard St.

City	State	Zip Code
Johnson City	TN	37601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information RequestedOccupation  
Information Requested

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4200.00

Date of Receipt

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

Transaction ID: A6667A34689DA4F6688F

Amount of Each Receipt this Period

2100.00

Check

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

Full Name (Last, First, Middle Initial)

**C.** Mr. Charles Harmon

Mailing Address 1611 E. Millard St.

City	State	Zip Code
Johnson City	TN	37601-2739

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Contractor

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4200.00

Date of Receipt

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

Transaction ID: ABCD4B3B9D08E4714A3C

Amount of Each Receipt this Period

2100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**[MEMO ITEM]**Partnership: Olde Towne  
Metal Sculptures

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

3100.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 195

(check only one)

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

<b>A.</b> Full Name (Last, First, Middle Initial) Olde Towne Metal Sculptures Mailing Address 1611 E. Millard St. City State Zip Code Johnson City TN 37601 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 4200.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> A427ECF79DDE64F3BBC2 Amount of Each Receipt this Period 2100.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Charles Harmon Mailing Address 1611 E. Millard St. City State Zip Code Johnson City TN 37601-2739 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Employed Occupation Contractor Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 4200.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> AD65BA52380374B47ADB Amount of Each Receipt this Period 2100.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <b>[MEMO ITEM]</b> Partnership: Olde Towne Metal Sculptures
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Ryan Legnon Mailing Address 10115 Hwy 14 City State Zip Code New Iberia LA 70560-9202 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 3 / 2 0 0 6 <b>Transaction ID:</b> AD3DF2DAFE7764D03BC1 Amount of Each Receipt this Period 500.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		2600.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 11 / 195

(check only one)

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Aubrey T. Temple Mailing Address 710 West 1st St. City State Zip Code Deridder LA 70634-3808 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Unknown Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 3 / 2 0 0 6 <b>Transaction ID:</b> A0E6DC7069DA2463ABC8 Amount of Each Receipt this Period 500.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Jack E. Lawton, Jr. Mailing Address 1409 Kirkman St. City State Zip Code Lake Charles LA 70601 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Jack Lawton Inc. Unknown Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 3 / 2 0 0 6 <b>Transaction ID:</b> A754F4B86A0BF46EBBB2 Amount of Each Receipt this Period 1000.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Rodney Verret Mailing Address 1186 Grand Bois Rd. City State Zip Code Breaux Bridge LA 70517 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Superior Derrick Services LLC Unknown Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 4200.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 7 / 2 0 0 6 <b>Transaction ID:</b> A3EF503980AEE4BE8924 Amount of Each Receipt this Period 2100.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		3600.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		

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

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

FOR LINE NUMBER: PAGE 12 / 195

(check only one)

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Rodney Verret Mailing Address 1186 Grand Bois Rd. City State Zip Code Breaux Bridge LA 70517 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt MM / DD / YYYY 08 / 07 / 2006 <b>Transaction ID:</b> AFA07C681A33B41B2B61 Amount of Each Receipt this Period 2100.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Trudeau Hogue, III Mailing Address 4041 Government St. City State Zip Code Baton Rouge LA 70806-5862 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt MM / DD / YYYY 08 / 11 / 2006 <b>Transaction ID:</b> A19424F98DF1A421DB5B Amount of Each Receipt this Period 250.00 Credit Card <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Ryan B. Thomas Mailing Address 209 Capilano Ln City State Zip Code Broussard LA 70518-6112 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt MM / DD / YYYY 08 / 11 / 2006 <b>Transaction ID:</b> A14A41C80866544A6849 Amount of Each Receipt this Period 250.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>SUBTOTAL</b> of Receipts This Page (optional) .....		2600.00
<b>TOTAL</b> This Period (last page this line number only) .....		

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

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

FOR LINE NUMBER: PAGE 13 / 195

(check only one)

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Roy Poche Mailing Address P.O. Box 907 City State Zip Code St. Martinville LA 70582-0907 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Superior Derrick Services LLC Occupation Partner Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 4200.00		Date of Receipt MM / DD / YYYY 08 / 11 / 2006 <b>Transaction ID:</b> A84F581F697A940D996D Amount of Each Receipt this Period 2100.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Roy Poche Mailing Address P.O. Box 907 City State Zip Code St. Martinville LA 70582-0907 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Superior Derrick Services LLC Occupation Partner Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 4200.00		Date of Receipt MM / DD / YYYY 08 / 11 / 2006 <b>Transaction ID:</b> A8730388FEDC844F485B Amount of Each Receipt this Period 2100.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. George M. Tannehill Mailing Address 203 B Carolyn Dr. City State Zip Code Lafayette LA 70508 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Superior Derrick Services LLC Occupation CPA Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2900.00		Date of Receipt MM / DD / YYYY 08 / 11 / 2006 <b>Transaction ID:</b> A4AD4836D415144A38D0 Amount of Each Receipt this Period 800.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

5000.00

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

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

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

FOR LINE NUMBER: PAGE 14 / 195

(check only one)

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

A. Mr. George M. Tannehill

Mailing Address 203 B Carolyn Dr.

City State Zip Code  
 Lafayette LA 70508

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Superior Derrick Services  
LLC

Occupation  
CPA

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 2900.00

Date of Receipt

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

Transaction ID: A64212A30AF724F82807

Amount of Each Receipt this Period

2100.00

Check

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

Full Name (Last, First, Middle Initial)

B. Cohesive Connections, LLC

Mailing Address PO Box 52873

City State Zip Code  
 Lafayette LA 70505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 4200.00

Date of Receipt

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

Transaction ID: A46FA5597AB3147DE93D

Amount of Each Receipt this Period

1600.00

Check

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

Full Name (Last, First, Middle Initial)

C. Mr. Brad Cohen

Mailing Address PO Box 52543

City State Zip Code  
 Lafayette LA 70505-2543

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cohesive Connections, LLC

Occupation  
CPA

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 4200.00

Date of Receipt

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

Transaction ID: A6F01F3A832AF4CF0ACF

Amount of Each Receipt this Period

1600.00

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

[MEMO ITEM]

Partnership: Cohesive Con-  
nections, LLC

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

3700.00

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 195

(check only one)

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

<b>A.</b> Full Name (Last, First, Middle Initial) Cohesive Connections, LLC Mailing Address PO Box 52873 City State Zip Code Lafayette LA 70505 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 1 / 2 0 0 6 <b>Transaction ID:</b> A8540A79B1AD8403387E Amount of Each Receipt this Period 2100.00
Name of Employer Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Information Requested Election Cycle-to-Date ▼ 4200.00		Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Brad Cohen Mailing Address PO Box 52543 City State Zip Code Lafayette LA 70505-2543 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 1 / 2 0 0 6 <b>Transaction ID:</b> A9C151CF17A604DD09A5 Amount of Each Receipt this Period 2100.00
Name of Employer Cohesive Connections, LLC Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation CPA Election Cycle-to-Date ▼ 4200.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <b>[MEMO ITEM]</b> Partnership: Cohesive Connections, LLC
<b>C.</b> Full Name (Last, First, Middle Initial) Mrs. Theresa Chiappetta Mailing Address 1153 Clipper Drive City State Zip Code Slidell LA 70458 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 4 / 2 0 0 6 <b>Transaction ID:</b> A0781D05C77994678B0C Amount of Each Receipt this Period 250.00
Name of Employer Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Information Requested Election Cycle-to-Date ▼ 250.00		Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>SUBTOTAL</b> of Receipts This Page (optional) .....		2350.00
<b>TOTAL</b> This Period (last page this line number only) .....		

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

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

FOR LINE NUMBER: PAGE 16 / 195

(check only one)

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Frank Clements Mailing Address 211 Wright Ave City Houma State LA Zip Code 70364-3037 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer requested Occupation Unknown Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 4000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 4 / 2 0 0 6 <b>Transaction ID:</b> ABAA896938A724335B08 Amount of Each Receipt this Period 1000.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Doyle's Air Conditioning Mailing Address 210 N. Dooley City Delcambre State LA Zip Code 70528 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 4 / 2 0 0 6 <b>Transaction ID:</b> A85327251D22249C8A9A Amount of Each Receipt this Period 250.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Eddy Greig Mailing Address 2085 Terrace Hwy. City St. Martinville State LA Zip Code 70582 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 5 / 2 0 0 6 <b>Transaction ID:</b> A47534E666E564AB7A5A Amount of Each Receipt this Period 250.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>SUBTOTAL</b> of Receipts This Page (optional) .....		1500.00
<b>TOTAL</b> This Period (last page this line number only) .....		

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 195

(check only one)

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

**A.** Ms. Annie V Melancon

Mailing Address 449 E 48thSt.

City State Zip Code

Cut Off LA 70345

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Information RequestedOccupation  
Information Requested

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	0	6

Transaction ID: AD12D7CBFBCAB44518AF

Amount of Each Receipt this Period

1000.00

Check

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

Full Name (Last, First, Middle Initial)

**B.** Mr. St. Denis Villere

Mailing Address 1443 Eleonore St.

City State Zip Code

New Orleans LA 70115

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
St. Denis J. Villere Co.Occupation  
Investor

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	0	6

Transaction ID: AD3B6DEB9F46A4FBDB2E

Amount of Each Receipt this Period

2100.00

Credit Card

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

Full Name (Last, First, Middle Initial)

**C.** Mr. Kip Robichaux

Mailing Address 1714 Savanne Rd.

City State Zip Code

Houma LA 70360

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Information RequestedOccupation  
Information Requested

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	0	6

Transaction ID: A5C868A36172D43ADA9D

Amount of Each Receipt this Period

1000.00

Credit Card

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

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

4100.00

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

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

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

FOR LINE NUMBER: PAGE 18 / 195

(check only one)

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

<b>A.</b> Full Name (Last, First, Middle Initial) Mrs. Virginia T Todd Mailing Address 211 Circle Dr City Franklin State LA Zip Code 70538-3808 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Employee Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		Date of Receipt MM / DD / YYYY 08 / 15 / 2006 <b>Transaction ID:</b> AA3FBA8DE6E424519980 Amount of Each Receipt this Period 500.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Mrs. Margie Villere Mailing Address 1443 Eleonore St. City New Orleans State LA Zip Code 70115 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Employed Occupation Civic Leader Employer Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2100.00		Date of Receipt MM / DD / YYYY 08 / 15 / 2006 <b>Transaction ID:</b> AF5DE2FCE819E4B16BD3 Amount of Each Receipt this Period 2100.00 Credit Card <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. David D. Plater Mailing Address 425 Easy St City Thibodaux State LA Zip Code 70301-3715 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Unknown Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 300.00		Date of Receipt MM / DD / YYYY 08 / 16 / 2006 <b>Transaction ID:</b> A619B05D2B8A54241847 Amount of Each Receipt this Period 300.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		2900.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		

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

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

FOR LINE NUMBER: PAGE 19 / 195

(check only one)

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Donald J. Chailland Mailing Address PO Box 8627 City State Zip Code Metairie LA 70011 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 4200.00		Date of Receipt MM / DD / YYYY 08 / 21 / 2006 <b>Transaction ID:</b> AF7944804DCD141DEB61 Amount of Each Receipt this Period 2100.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Donald J. Chailland Mailing Address PO Box 8627 City State Zip Code Metairie LA 70011 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff 2006 Election Cycle-to-Date ▼ 4200.00		Date of Receipt MM / DD / YYYY 08 / 21 / 2006 <b>Transaction ID:</b> A13811BBAAC3E4CBD9B2 Amount of Each Receipt this Period 2100.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. R.B. Lattimore Mailing Address 3224 E. St Bernard Hwy City State Zip Code Meraux LA 70075-2537 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Chalmette Trailer Park In-c. Unknown Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00		Date of Receipt MM / DD / YYYY 08 / 22 / 2006 <b>Transaction ID:</b> A22D535EB1BF1414E9F1 Amount of Each Receipt this Period 250.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

**4450.00**

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

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

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

FOR LINE NUMBER: PAGE 20 / 195

(check only one)

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

**A.** Mr. Clint Matthew Bishop

Mailing Address PO Box 549

City State Zip Code  
 Charenton LA 70523-0549

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baldwin Redi-Mix

Occupation  
Unknown

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: A276B1297E7924E1EA95

Amount of Each Receipt this Period

2000.00

Check

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

Full Name (Last, First, Middle Initial)

**B.** Mrs. Burney E. Martin

Mailing Address 105 Tiger Tail Rd.

City State Zip Code  
 Houma LA 70360-6022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tidewater Marine

Occupation  
Unknown

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 2 3 / 2 0 0 6

Transaction ID: A36C72ABFBB8F4B7CA4B

Amount of Each Receipt this Period

250.00

Check

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

Full Name (Last, First, Middle Initial)

**C.** Mr. T. G. Solomon

Mailing Address PO Box 11270

City State Zip Code  
 New Orleans LA 70181

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 2 3 / 2 0 0 6

Transaction ID: A30BE600EC9344FFEB01

Amount of Each Receipt this Period

500.00

Check

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

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

2750.00

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

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

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

FOR LINE NUMBER: PAGE 21 / 195

(check only one)

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Richard J. Gardner Mailing Address 1615 Poydras St Suite 1300 City State Zip Code New Orleans LA 70112 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CLK Investments Occupation Partner Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00		Date of Receipt MM / DD / YYYY 08 / 23 / 2006 <b>Transaction ID:</b> A4F9345E223B3486795C Amount of Each Receipt this Period 1000.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. John Dan Gielen Mailing Address 115 E. First St PO Drawer 1349 City State Zip Code Crowley LA 70527 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Tobacco Plus Occupation Chairman Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2000.00		Date of Receipt MM / DD / YYYY 08 / 28 / 2006 <b>Transaction ID:</b> A167C79700893419DAB8 Amount of Each Receipt this Period 2000.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Mrs. Nancy C. Diefenthal Mailing Address 109 Northpark Blvd Ste 320 City State Zip Code Covington LA 70433-5095 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2100.00		Date of Receipt MM / DD / YYYY 08 / 28 / 2006 <b>Transaction ID:</b> A966E7BF2A19A43ED966 Amount of Each Receipt this Period 2100.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		5100.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		

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

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

FOR LINE NUMBER: PAGE 22 / 195

(check only one)

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Pamela M Dempsey Mailing Address 211 Aucoin Drive City State Zip Code New Iberia LA 70563 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt MM / DD / YYYY 08 / 28 / 2006 <b>Transaction ID:</b> ADE8CC6C0D1CF47FDB66 Amount of Each Receipt this Period 1000.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Mrs. Sue Ellen M Canizaro Mailing Address 909 Poydras St Ste.1700 City State Zip Code New Orleans LA 70112 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff 2006 Election Cycle-to-Date ▼ 2500.00		Date of Receipt MM / DD / YYYY 08 / 28 / 2006 <b>Transaction ID:</b> A31F6A12468FD4D8EA07 Amount of Each Receipt this Period 400.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Mrs. Sue Ellen M Canizaro Mailing Address 909 Poydras St Ste.1700 City State Zip Code New Orleans LA 70112 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2500.00		Date of Receipt MM / DD / YYYY 08 / 28 / 2006 <b>Transaction ID:</b> A2DD757BEE8B649B9982 Amount of Each Receipt this Period 2100.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

**3500.00**

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

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

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

FOR LINE NUMBER: PAGE 23 / 195

(check only one)

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Joseph C. Canizaro		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 8 / 2 0 0 6
Mailing Address 909 Poydras Street Ste. 1700		<b>Transaction ID:</b> A8D9956F9A3024AD6B0F
City State Zip Code New Orleans LA 70112	Amount of Each Receipt this Period 2100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Election Cycle-to-Date ▼ 2500.00	Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Joseph C. Canizaro		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 8 / 2 0 0 6
Mailing Address 909 Poydras Street Ste. 1700		<b>Transaction ID:</b> A914F2078953649288E0
City State Zip Code New Orleans LA 70112	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff 2006	Occupation Information Requested Election Cycle-to-Date ▼ 2500.00	Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Edward L. Diefenthal		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 8 / 2 0 0 6
Mailing Address 480 Woodvine Avenue		<b>Transaction ID:</b> A6120B7CEA57B4180AFE
City State Zip Code Metairie LA 70005-4442	Amount of Each Receipt this Period 2100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Election Cycle-to-Date ▼ 2100.00	Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

4600.00

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

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

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

FOR LINE NUMBER: PAGE 24 / 195

(check only one)

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Farida Baig Mailing Address 39328 Magnolia Trace City State Zip Code Ponchatoula LA 70454 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation LaPlace Dialysis Center Medical Psychologist Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <div>2100.00</div>		Date of Receipt <div>08 / 28 / 2006</div> <b>Transaction ID:</b> A2646E14943184F3B876 Amount of Each Receipt this Period <div>2100.00</div> Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. John P Laborde Mailing Address 601 Poydras Street Suite 1637 City State Zip Code New Orleans LA 70130 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Information Requested Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <div>300.00</div>		Date of Receipt <div>08 / 28 / 2006</div> <b>Transaction ID:</b> AC457D992865E40DBB3B Amount of Each Receipt this Period <div>300.00</div> Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Mustafa Hatipoglu Mailing Address 144 Chateau Saint Michael City State Zip Code Kenner LA 70065 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Raceland Dialysis Center Physician Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <div>2100.00</div>		Date of Receipt <div>08 / 28 / 2006</div> <b>Transaction ID:</b> A64F9C64630EA4EBF80E Amount of Each Receipt this Period <div>2100.00</div> Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>SUBTOTAL</b> of Receipts This Page (optional) .....		<div>4500.00</div>
<b>TOTAL</b> This Period (last page this line number only) .....		

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

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

FOR LINE NUMBER: PAGE 25 / 195

(check only one)

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

A. Savoie's Alligator Farm, L.L.C.

Mailing Address 16124 Hwy. 3235

City State Zip Code

Cut Off LA 70345

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: A67E23354F5DB4F0881B

Amount of Each Receipt this Period

1000.00

Check

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

Full Name (Last, First, Middle Initial)

B. Mr. Harry T Howard, III

Mailing Address PO Box 55310

City State Zip Code

Metairie LA 70055

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Retired Attorney

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 9 / 2 0 0 6

Transaction ID: A0C60B9F9F7FE4F0BBCA

Amount of Each Receipt this Period

1000.00

Check

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

Full Name (Last, First, Middle Initial)

C. Mr. William Bradford Mosing

Mailing Address 205 Old Settlement

City State Zip Code

Lafayette LA 70508-7041

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Frank's Casing Crew & Ren-  
tal Tools

Occupation  
Management

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 9 / 2 0 0 6

Transaction ID: A961EF2E0D11C4DE08B0

Amount of Each Receipt this Period

500.00

Check

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

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

2500.00

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 195

(check only one)

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Edwin A White Mailing Address #4 Oakland Road City Kenner State LA Zip Code 70065 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Information Requested Election Cycle-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6 <b>Transaction ID:</b> A996997B5DD344577A44 Amount of Each Receipt this Period 500.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Michael McGuire Mailing Address 259 Lake Vista Drive City Mandeville State LA Zip Code 70471 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Information Requested Election Cycle-to-Date ▼ 2100.00		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6 <b>Transaction ID:</b> A21032E165E214DC2889 Amount of Each Receipt this Period 2100.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Frank Ashby, Jr. Mailing Address 303 Rue St. Ann City Metairie State LA Zip Code 70005 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Information Requested Oil & Gas Election Cycle-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6 <b>Transaction ID:</b> AAFAD954D36A343AD85F Amount of Each Receipt this Period 500.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....**3100.00****TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 27 / 195

(check only one)

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. John D Becker Mailing Address PO Box 8947 City Mandeville State LA Zip Code 70470 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Occupation Editor & Publisher Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 0 / 2 0 0 6 <b>Transaction ID:</b> A615AA160B0874501895 Amount of Each Receipt this Period 1000.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Cary J Guidry Mailing Address 11 Waverley Way City Houma State LA Zip Code 70360 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2100.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 1 / 2 0 0 6 <b>Transaction ID:</b> A17DBCFBE93084702851 Amount of Each Receipt this Period 2100.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Mrs. Lorraine B Giroir Mailing Address PO Box 500 City Gibson State LA Zip Code 70356 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2100.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 1 / 2 0 0 6 <b>Transaction ID:</b> A08EF1C5685EA41FF9E2 Amount of Each Receipt this Period 2100.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		5200.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		

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

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

FOR LINE NUMBER: PAGE 28 / 195

(check only one)

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Daniel O Conwill Mailing Address 70 Audubon Blvd. City State Zip Code New Orleans LA 70118 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Golbal Hunter Occupation Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2100.00		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 6 <b>Transaction ID:</b> A15033681E6524E629CB Amount of Each Receipt this Period 2100.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Lawrence K Katz Mailing Address 3544 Alan Street City State Zip Code Metairie LA 70002 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 6 <b>Transaction ID:</b> ABEDE8ADA06C04832ABE Amount of Each Receipt this Period 250.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Mrs. Mary Clare Conwill Mailing Address 70 Audubon Blvd City State Zip Code New Orleans LA 70118 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2100.00		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 6 <b>Transaction ID:</b> A18827375F2534570B96 Amount of Each Receipt this Period 2100.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

**4450.00**

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 195

(check only one)

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

A. Republican Women of St Charles

Mailing Address PO Box 269

City State Zip Code  
Destrehan LA 70047
FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information RequestedOccupation  
Information Requested

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 1 / 2 0 0 6

Transaction ID: A122026BEEEC74BE1A1F

Amount of Each Receipt this Period

350.00

Check

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

Full Name (Last, First, Middle Initial)

B. Phyllis M. Taylor

Mailing Address 1 Lee Circle

City State Zip Code  
New Orleans LA 70131-3931
FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Taylor Energy CompanyOccupation  
Chairman & CEO

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 5 / 2 0 0 6

Transaction ID: A6B9A482A9FEE4603933

Amount of Each Receipt this Period

1000.00

Check

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

Full Name (Last, First, Middle Initial)

C. Mrs. Patricia Sue Williams

Mailing Address 2710 Mountain Green Trail

City State Zip Code  
Kingwood TX 77345
FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information RequestedOccupation  
Information Requested

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 5 / 2 0 0 6

Transaction ID: A04C0B847103C489582B

Amount of Each Receipt this Period

1500.00

Check

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

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

2850.00

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

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

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

FOR LINE NUMBER: PAGE 30 / 195

(check only one)

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

<b>A.</b> Full Name (Last, First, Middle Initial) Mrs. Rebecca Broussard Mailing Address 9803 E. Admiral Doyle Dr City State Zip Code Jeanerette LA 70544-6614 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Food-N-Fun Occupation Director Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 4100.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 5 / 2 0 0 6 <b>Transaction ID:</b> A5F15444CC3664747B9E Amount of Each Receipt this Period 2100.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. William P Mills, III Mailing Address PO BOX 52592 City State Zip Code Lafayette LA 70505 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 5 / 2 0 0 6 <b>Transaction ID:</b> A9E5F52129FC24F2185E Amount of Each Receipt this Period 1000.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Mrs. Melissa Robicheaux Mailing Address 1413 Montagne St City State Zip Code New Iberia LA 70560-6919 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Food-N-Fun Occupation Unknown Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 4200.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 5 / 2 0 0 6 <b>Transaction ID:</b> AF4AF77944ABD417E803 Amount of Each Receipt this Period 2100.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

**5200.00**

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 195

(check only one)

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

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

NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

<b>A.</b> Full Name (Last, First, Middle Initial) Mrs. Kay S Vinson Mailing Address PO Box 808 3113 Lake Palourde Drive City Morgan City State LA Zip Code 70381-0808 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Subsurface Tools Occupation Unknown Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 4200.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 6 / 2 0 0 6 <b>Transaction ID:</b> AD3DE8671277B49D1B2E Amount of Each Receipt this Period 2100.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Frank X Neuner Mailing Address PO Box 52828 City Lafayette State LA Zip Code 70505-2828 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 6 / 2 0 0 6 <b>Transaction ID:</b> A900481754D2B4333BE9 Amount of Each Receipt this Period 1000.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Capitol House Auto Sales Mailing Address PO BOX 9590 City New Iberia State LA Zip Code 70562 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 6 / 2 0 0 6 <b>Transaction ID:</b> ACC31E11A65B847279D6 Amount of Each Receipt this Period 300.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....**3400.00****TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 195

(check only one)

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

<b>A.</b> Full Name (Last, First, Middle Initial) Mrs. Erin Gesser Mailing Address P o Box 10525 City State Zip Code New Iberia LA 70562-0525 FEC ID number of contributing federal political committee. <b>C</b>			Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 6 <b>Transaction ID:</b> AD1A7BE4238AA4117ABB Amount of Each Receipt this Period 1200.00
Name of Employer Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Occupation Unknown Election Cycle-to-Date ▼ 3300.00
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Leon LaHaye, MD Mailing Address 566 Sand Pit Road City State Zip Code Arnaudville LA 70512 FEC ID number of contributing federal political committee. <b>C</b>			Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 6 <b>Transaction ID:</b> A2D1DCD0E023442058DE Amount of Each Receipt this Period 1000.00
Name of Employer Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Occupation Ophthalmologist Election Cycle-to-Date ▼ 1000.00
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Ricky D. Frederick Mailing Address 400 Kyle Landry Rd City State Zip Code New Iberia LA 70563-0942 FEC ID number of contributing federal political committee. <b>C</b>			Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 6 <b>Transaction ID:</b> A4FEFD813E87749E8A98 Amount of Each Receipt this Period 100.00
Name of Employer Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Occupation Unknown Election Cycle-to-Date ▼ 800.00
<b>SUBTOTAL</b> of Receipts This Page (optional) .....			2300.00
<b>TOTAL</b> This Period (last page this line number only) .....			

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 195

(check only one)

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

A. Mr. Lazar J. Gielen

Mailing Address P o Box 316

City  
CrowleyState  
LAZip Code  
70526-0316FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Shop-Rite Food StoresOccupation  
Executive

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
0 9		0 7		2 0 0 6

Transaction ID: AE3770F4AC7FF4E5BBFF

Amount of Each Receipt this Period

1000.00

Check

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

Full Name (Last, First, Middle Initial)

B. Mr. William F Jennings

Mailing Address PO BOX 132049

City

The Woodlands

State

TX

Zip Code  
77393-2049FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information RequestedOccupation  
Information Requested

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
0 9		0 7		2 0 0 6

Transaction ID: A6FFF6CED3F84432BBD9

Amount of Each Receipt this Period

250.00

Check

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

Full Name (Last, First, Middle Initial)

C. Mr. Stephen O Billeaud

Mailing Address 326 Bacque Cresent Drive

City

Lafayette

State

LA

Zip Code  
70503FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information RequestedOccupation  
Information Requested

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
0 9		0 7		2 0 0 6

Transaction ID: A59B8DCF7F5D946219B5

Amount of Each Receipt this Period

1000.00

Check

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

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

2250.00

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

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

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

FOR LINE NUMBER: PAGE 34 / 195

(check only one)

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Alvin Bellaire, Jr. Mailing Address 526 W Farrel Rd City State Zip Code Lafayette LA 70508-7054 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Petroleum Eng Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 600.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 7 / 2 0 0 6 <b>Transaction ID:</b> A7C5724DDEEC944CC878 Amount of Each Receipt this Period 100.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Sammy R Zito Mailing Address 732 Rural Street City State Zip Code River Ridge LA 70123-3660 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 7 / 2 0 0 6 <b>Transaction ID:</b> A1AC09004D28B4287824 Amount of Each Receipt this Period 1000.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Kurt Degueyter Mailing Address PO Box 52870 City State Zip Code Lafayette LA 70505-2870 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation FRD Properties IV LLC Executive Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 4100.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 7 / 2 0 0 6 <b>Transaction ID:</b> A447656C6B451400B8CE Amount of Each Receipt this Period 2100.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		3200.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		

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

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

FOR LINE NUMBER: PAGE 35 / 195

(check only one)

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

<b>A.</b> Full Name (Last, First, Middle Initial) Mrs. Kimberly Degueyter Mailing Address 204 Bayside Dr City State Zip Code Lafayette LA 70508-5632 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Unknown Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 4200.00			Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 6 <b>Transaction ID:</b> A95819DD48AB24128BDA Amount of Each Receipt this Period 1000.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Mrs. Melanie W. Shoemake Mailing Address PO Drawer 6689 City State Zip Code Gulfport MS 39506 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2100.00			Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 6 <b>Transaction ID:</b> A455E61FA1DE54349B70 Amount of Each Receipt this Period 2100.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Aubrey G. Shoemake, Sr. Mailing Address 206 Magnate Dr City State Zip Code Lafayette LA 70508 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Offshore Warriors Owner Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2100.00			Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 6 <b>Transaction ID:</b> AB1CAFDAF8B9D421AAE1 Amount of Each Receipt this Period 2100.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

**5200.00**

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

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

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

FOR LINE NUMBER: PAGE 36 / 195

(check only one)

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. William Harold Nungesser Mailing Address PO Box 7264 City State Zip Code Belle Chasse LA 70037-7264 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Employee Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> A4587B8FA771341D2B0E Amount of Each Receipt this Period 1000.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Warren G. Treme Mailing Address 20 Veterans Blvd. Ste. 102 City State Zip Code Kenner LA 70062 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer requested Occupation Unknown Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 4100.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> A93AD286374B94E3399B Amount of Each Receipt this Period 2100.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Joel Dupre Mailing Address 478 Trailhead Dr City State Zip Code Abita Springs LA 70420 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Southern Scrap Recycling Occupation Manager Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> AAD57C19238D345B88AA Amount of Each Receipt this Period 1000.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		4100.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		

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

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

FOR LINE NUMBER: PAGE 37 / 195

(check only one)

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

<b>A.</b> Full Name (Last, First, Middle Initial) Mrs. Theresa Callais Mailing Address 311 Oak Alley Dr City Houma State LA Zip Code 70360 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Employed Occupation Writer Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2100.00		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> AB0934AE4F2624EB2BA9 Amount of Each Receipt this Period 2100.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. William Henry Shane, Jr. Mailing Address 3925 N. Service Rd. W Suite 105 City Metairie State LA Zip Code 70002 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Favrot and Shane Cos Inc Occupation Owner Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> A3CA4D5168696403BB67 Amount of Each Receipt this Period 1000.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Danielle S. Treme Mailing Address 4316 California Ave. City Kenner State LA Zip Code 70065 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2100.00		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> A2D3DAB0607134ACFB55 Amount of Each Receipt this Period 2100.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

**5200.00**

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 195

(check only one)

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

<b>A.</b> Full Name (Last, First, Middle Initial) Mrs. Jolene Ryan Mailing Address 151 Chateau St. Michel City Kenner State LA Zip Code 70065 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2100.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: AE533DBEBCA234C1AA98 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">2100.00</td> </tr> </table> Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	8		2	0	0	6	2100.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	9		0	8		2	0	0	6																							
2100.00																																
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Ashton J. Ryan, Jr. Mailing Address 151 Chateau St Michel City Kenner State LA Zip Code 70065 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer FNBCC Occupation Unknown Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 4100.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: AD97E1B776AD642B6AE3 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">2100.00</td> </tr> </table> Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	8		2	0	0	6	2100.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	9		0	8		2	0	0	6																							
2100.00																																
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Eric V. Gray Mailing Address PO Box 6202 City Metairie State LA Zip Code 70009-6202 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2100.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: AFFAF0FE989D64BC38B6 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">2100.00</td> </tr> </table> Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	1		2	0	0	6	2100.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	9		1	1		2	0	0	6																							
2100.00																																
<b>SUBTOTAL</b> of Receipts This Page (optional) .....		<table border="1"> <tr> <td colspan="10">6300.00</td> </tr> </table>	6300.00																													
6300.00																																
<b>TOTAL</b> This Period (last page this line number only) .....		<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																														

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 195

(check only one)

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. David E. Rice Mailing Address 12325 Suzanne Court City Irvington State AL Zip Code 36544 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Master Boat Builders, Inc. Occupation Purchaser Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 1 / 2 0 0 6 <b>Transaction ID:</b> AC0908FE98AB849149FD Amount of Each Receipt this Period 2000.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Walter V. Gray Mailing Address PO Box 6202 City Metairie State LA Zip Code 70009-6202 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2100.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 1 / 2 0 0 6 <b>Transaction ID:</b> A2FF521D0A1774E10A19 Amount of Each Receipt this Period 2100.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Mrs. Deborah Mabile Settoon Mailing Address 5321 Toby Lane City Kenner State LA Zip Code 70066 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 1 / 2 0 0 6 <b>Transaction ID:</b> A9F94F68733C34AF6ACE Amount of Each Receipt this Period 300.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

4400.00

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

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

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

FOR LINE NUMBER: PAGE 40 / 195

(check only one)

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

A. Mrs. Janice Mosing

Mailing Address 131 Wembley Rd.

City State Zip Code  
 Lafayette LA 70503

FEC ID number of contributing federal political committee.

C

Name of Employer Information Requested

Occupation Information Requested

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 9 / 1 1 / 2 0 0 6

Transaction ID: A8BCAE9916F674DDFA37

Amount of Each Receipt this Period

1000.00

Check

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

Full Name (Last, First, Middle Initial)

B. Mr. Henri M. Favrot, Jr.

Mailing Address 3925 N. Service Rd., Ste. 105

City State Zip Code  
 Metairie LA 70002

FEC ID number of contributing federal political committee.

C

Name of Employer Information Requested

Occupation Information Requested

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 9 / 1 1 / 2 0 0 6

Transaction ID: A24587172C0304D0BBC8

Amount of Each Receipt this Period

1000.00

Check

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

Full Name (Last, First, Middle Initial)

C. Sen. Ken Hollis

Mailing Address 2800 Veterans Blvd Ste 365

City State Zip Code  
 Metairie LA 70002

FEC ID number of contributing federal political committee.

C

Name of Employer Hollis Companies

Occupation Unknown

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 9 / 1 1 / 2 0 0 6

Transaction ID: A7EBAF91BED504131BDE

Amount of Each Receipt this Period

500.00

Check

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

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

2500.00

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

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

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

FOR LINE NUMBER: PAGE 41 / 195

(check only one)

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Darnell E. Fontenot Mailing Address 15736 St. Elmo Rd. City Erath State LA Zip Code 70533 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Gulf Coast Mobile Homes Occupation Sales Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1100.00		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6 <b>Transaction ID:</b> AE1DC395CA03C4CA09DF Amount of Each Receipt this Period 100.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) W.E. Edrington, III Mailing Address 2735 Windrush Way City Baton Rouge State LA Zip Code 70809-1127 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Louisiana Water Company Occupation Unknown Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6 <b>Transaction ID:</b> A14437DFAD39A43808FC Amount of Each Receipt this Period 250.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. James Michael Rice Mailing Address 2124 Marchfield Dr. E City Mobile State AL Zip Code 36693 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2100.00		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6 <b>Transaction ID:</b> AD0E349DA873F42EC902 Amount of Each Receipt this Period 2100.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		2450.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		

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

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

FOR LINE NUMBER: PAGE 42 / 195

(check only one)

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Joseph H. Guilbeaux Mailing Address P O Box 2934 City State Zip Code Lafayette LA 70502-2934 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Louisiana Testing Occupation Unknown Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1500.00			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 1 / 2 0 0 6 <b>Transaction ID:</b> ACD50520C49AD48F5880 Amount of Each Receipt this Period 500.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Joe R. Klutts Mailing Address 328 Martial Ave City State Zip Code Lafayette LA 70508 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Employed Occupation Geologist Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 750.00			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 1 / 2 0 0 6 <b>Transaction ID:</b> AE60340FBA74348E4B41 Amount of Each Receipt this Period 300.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Richard McCloskey Photography Mailing Address 4604 Argonne St. City State Zip Code Metairie LA 70001 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 1 / 2 0 0 6 <b>Transaction ID:</b> A5A33B3842849407CB13 Amount of Each Receipt this Period 1000.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶			1800.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶			

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 195

(check only one)

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. John G Amato Mailing Address 1615 Poydras 22nd Floor City State Zip Code New Orleans LA 70112-1254 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Attorney Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00	Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 6 <b>Transaction ID:</b> ACD07B45EEDAB4F3C89C Amount of Each Receipt this Period 1000.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Mrs. Laurie R. Guinn Mailing Address PO Box 661 City State Zip Code Jennings LA 70546-0661 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Unknown Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2100.00	Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 6 <b>Transaction ID:</b> A37EF976B1EF247C68F3 Amount of Each Receipt this Period 2100.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. James P. Guinn Mailing Address PO Box 661 City State Zip Code Jennings LA 70546-0661 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Port Aggregates Inc. Occupation Executive Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 3100.00	Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 6 <b>Transaction ID:</b> ADC3522B345F84130983 Amount of Each Receipt this Period 2100.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....**5200.00****TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 44 / 195

(check only one)

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Wayne Sagrera Mailing Address 12906 Community Road City Abbeville State LA Zip Code 70510 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Occupation Alligator Dealer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 2 / 2 0 0 6 <b>Transaction ID:</b> A23FCD71674034187B27 Amount of Each Receipt this Period 1000.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Daniel Perry Viator Mailing Address 102 Durel Dr City Youngsville State LA Zip Code 70592-5816 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Triple V Farms Occupation Farmer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 2 / 2 0 0 6 <b>Transaction ID:</b> AFC25CC0E2B2E4DFDB35 Amount of Each Receipt this Period 1000.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Mrs. Annette Cenac Mailing Address 121 Parlange Drive City Houma State LA Zip Code 70360 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 2 / 2 0 0 6 <b>Transaction ID:</b> A68A54E3BB8F646F3A6C Amount of Each Receipt this Period 1000.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>SUBTOTAL</b> of Receipts This Page (optional) .....		3000.00
<b>TOTAL</b> This Period (last page this line number only) .....		

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

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

FOR LINE NUMBER: PAGE 45 / 195

(check only one)

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

<b>A.</b> Full Name (Last, First, Middle Initial) Mrs. Sheryl Laporte Mailing Address 2311 Terre Ruelle City State Zip Code New Iberia LA 70563 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 6 <b>Transaction ID:</b> A2822154540594823BE2 Amount of Each Receipt this Period 500.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Richard C Martin Mailing Address 347 Myrtle Grove City State Zip Code Houma LA 70360 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 6 <b>Transaction ID:</b> ABA305671DD0A41D89FA Amount of Each Receipt this Period 1000.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Ron Duplessis Mailing Address 863 Diron City State Zip Code Baton Rouge LA 70810-4507 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Duplessis Automotive Group Occupation Car Dealer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1500.00		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 6 <b>Transaction ID:</b> A9BF5E67D36554A239EE Amount of Each Receipt this Period 1500.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		

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

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

FOR LINE NUMBER: PAGE 46 / 195

(check only one)

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

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

Mr. E. Warner Veillon

Mailing Address PO BOX 1029

City State Zip Code  
 Eunice LA 70535

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tri-Parish Bank

Occupation  
Chairman/CEO

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 1 2 / 2 0 0 6

Transaction ID: A8665162755A44A6B960

Amount of Each Receipt this Period

500.00

Check

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

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

Mrs. L.C. Levert, III

Mailing Address 6142A Resweber Hwy.

City State Zip Code  
 St. Martinville LA 70582

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 1 2 / 2 0 0 6

Transaction ID: A32EAFA1A67294B61AB4

Amount of Each Receipt this Period

500.00

Check

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

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

Mrs. Phyllis Berard

Mailing Address 4011 Valery Rd

City State Zip Code  
 New Iberia LA 70560-8191

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Berard/Habetz & Assoc.

Occupation  
Engineer

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 1 2 / 2 0 0 6

Transaction ID: AE74013B0E9094CD3B99

Amount of Each Receipt this Period

1000.00

Check

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

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

2000.00

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

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

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

FOR LINE NUMBER: PAGE 47 / 195

(check only one)

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

<b>A.</b> Full Name (Last, First, Middle Initial) Nicole M Scontrino Mailing Address 107 Fairway Drive City State Zip Code La Place LA 70068 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Landcraft, Inc Occupation Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2100.00		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6 <b>Transaction ID:</b> A0644F797430E4CBBAF Amount of Each Receipt this Period 2100.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Mrs. Celia J Hickenbotam Mailing Address 5021 Longmont City State Zip Code Houston TX 77056 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6 <b>Transaction ID:</b> A7621D4DC4B5841ADB2C Amount of Each Receipt this Period 250.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Larry Degeyter Mailing Address PO Box 668 City State Zip Code Saint Martinville LA 70582-0668 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CCK Investments Occupation Owner Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 750.00		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6 <b>Transaction ID:</b> ACAFE9FAC8C0041C0AD9 Amount of Each Receipt this Period 250.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>SUBTOTAL</b> of Receipts This Page (optional) .....		2600.00
<b>TOTAL</b> This Period (last page this line number only) .....		

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

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

FOR LINE NUMBER: PAGE 48 / 195

(check only one)

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Joseph M Scontrino Mailing Address 145 Oxbow Drive City State Zip Code La Place LA 70068 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2100.00		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6 <b>Transaction ID:</b> A6A733EAF9E3342C6A9F Amount of Each Receipt this Period 2100.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. William Bradford Mosing Mailing Address 205 Old Settlement City State Zip Code Lafayette LA 70508-7041 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Frank's Casing Crew & Rental Tools Occupation Management Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1500.00		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6 <b>Transaction ID:</b> AD36253C2558A4FE5888 Amount of Each Receipt this Period 1000.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Peter F Egan Mailing Address 190 Eagle Road City State Zip Code Covington LA 70435 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Egan Health Care Occupation Business Owner Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6 <b>Transaction ID:</b> A207791F991E4490AB50 Amount of Each Receipt this Period 1000.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

**4100.00**

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

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

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

FOR LINE NUMBER: PAGE 49 / 195

(check only one)

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

A. Mr. Richard Freeman Helmer

Mailing Address 402 Live Oak

City State Zip Code  
 Lafayette LA 70503-4008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Helmer Directional Drilling Inc.

Occupation  
President

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 4200.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 1 3 / 2 0 0 6

Transaction ID: AC3A4B2FCD735411D80B

Amount of Each Receipt this Period

1450.00

Check

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

Full Name (Last, First, Middle Initial)

B. Mr. Clay M Allen

Mailing Address 1015 St. John

City State Zip Code  
 Lafayette LA 70501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allen and Gordon

Occupation  
Attorney

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 1 3 / 2 0 0 6

Transaction ID: A6D394BD7E4D64995BDD

Amount of Each Receipt this Period

500.00

Check

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

Full Name (Last, First, Middle Initial)

C. Ms. Gloria B. Callais

Mailing Address 140 Callais Ln

City State Zip Code  
 Golden Meadow LA 70357

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Unknown

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 1 5 / 2 0 0 6

Transaction ID: ADD115436552E4F60AF5

Amount of Each Receipt this Period

500.00

Check

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

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

2450.00

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

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

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

FOR LINE NUMBER: PAGE 50 / 195

(check only one)

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

A. Mr. James V. King, Sr.

Mailing Address 111 Devin Ln

City State Zip Code  
 Lafayette LA 70508-6857

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rig Tools Inc.

Occupation  
Owner

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 600.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 1 5 / 2 0 0 6

Transaction ID: A19FFA6EE6BA149F1B1F

Amount of Each Receipt this Period

100.00

Check

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

Full Name (Last, First, Middle Initial)

B. Mr. Ronald C. Cambre

Mailing Address 9 Lake Forest Drive

City State Zip Code  
 Covington LA 70433-4539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
business executive

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 1 5 / 2 0 0 6

Transaction ID: A37B88B9E1F6B4D1DB55

Amount of Each Receipt this Period

1000.00

Check

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

Full Name (Last, First, Middle Initial)

C. Mr. Allen Danos, Jr.

Mailing Address PO Box 1460

City State Zip Code  
 Larose LA 70373

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Unknown

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 1500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 1 5 / 2 0 0 6

Transaction ID: A31DDCA8D5E7444D992A

Amount of Each Receipt this Period

500.00

Check

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

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

1600.00

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

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

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

FOR LINE NUMBER: PAGE 51 / 195

(check only one)

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. William Higgins Mailing Address 3821 Hawthorne City State Zip Code Dallas TX 75219 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Dick Corporation Occupation Contractor Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 5 / 2 0 0 6 <b>Transaction ID:</b> A76A38A8430234E47862 Amount of Each Receipt this Period 1000.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. David A. Kerstein Mailing Address 228 St. Charles Ave. Ste.912 City State Zip Code New Orleans LA 70130 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Lawyer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2100.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 5 / 2 0 0 6 <b>Transaction ID:</b> AA923891AB3A94C52817 Amount of Each Receipt this Period 2100.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. John M. Egle Mailing Address 112 E Peck Blvd City State Zip Code Lafayette LA 70508 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Hub City Industries Occupation CEO Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 5 / 2 0 0 6 <b>Transaction ID:</b> A004836A9242743FC86D Amount of Each Receipt this Period 1000.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

**4100.00**

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 195

(check only one)

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

<b>A.</b> Full Name (Last, First, Middle Initial) Leslie Alwell Mailing Address 202 Vanburg City State Zip Code Lafayette LA 70508 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: A34E0C21376D24D749DD Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table> Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	5		2	0	0	6	500.00									
M	M	/	D	D	/	Y	Y	Y	Y																								
0	9		1	5		2	0	0	6																								
500.00																																	
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Dixon B Betz Mailing Address 5303 Purdue Drive City State Zip Code Metairie LA 70003 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: A952104077AF1421DB49 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table> Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	8		2	0	0	6	1000.00									
M	M	/	D	D	/	Y	Y	Y	Y																								
0	9		1	8		2	0	0	6																								
1000.00																																	
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. John F. Boudreaux Mailing Address 111 Tulip Tree Ln City State Zip Code Broussard LA 70518-7231 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 4500.00			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: AF46AA3F9A3A94EB78DD Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table> Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	8		2	0	0	6	2000.00									
M	M	/	D	D	/	Y	Y	Y	Y																								
0	9		1	8		2	0	0	6																								
2000.00																																	

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

3500.00

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

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

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

FOR LINE NUMBER: PAGE 53 / 195

(check only one)

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. J Christopher McClanahan Mailing Address 311 Saratoga Blvd City State Zip Code Corpus Christi TX 78417 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 4200.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> A777053F98A7F44669AA Amount of Each Receipt this Period 2100.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. J Christopher McClanahan Mailing Address 311 Saratoga Blvd City State Zip Code Corpus Christi TX 78417 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff 2006 Election Cycle-to-Date ▼ 4200.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> A923E2B2344E94626B58 Amount of Each Receipt this Period 2100.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Edward R Lamb Mailing Address PO Box 81429 402 Woods Crossing Road 70508 City State Zip Code Lafayette LA 70598-1429 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Lamb Services Inc Unknown Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> A3F58B58313BF43EDADF Amount of Each Receipt this Period 2000.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>SUBTOTAL</b> of Receipts This Page (optional) .....		6200.00
<b>TOTAL</b> This Period (last page this line number only) .....		

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 195

(check only one)

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Robert L Adams Mailing Address PO Drawer A City State Zip Code Morgan City LA 70381 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2100.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> AB8759788E33B4A529DE Amount of Each Receipt this Period 2100.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. J.C. Walter, III Mailing Address 1100 Louisiana Ste 320 City State Zip Code Houston TX 77002-5231 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Walter Oil & Gas Unknown Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 3000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> AD9A4EFDAA397476C8CE Amount of Each Receipt this Period 1000.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. James M. Poche Mailing Address 201 W. Vermilion St City State Zip Code Lafayette LA 70501-6847 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Poche Prouet Associates Ltd Engineer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2100.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> A5C80B85424CC4ADA846 Amount of Each Receipt this Period 1100.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

4200.00

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

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

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

FOR LINE NUMBER: PAGE 55 / 195

(check only one)

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Michael A Melancon Mailing Address 449 E 74th Street City State Zip Code Cut Off LA 70345 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> AA707E580362A432688B Amount of Each Receipt this Period 2000.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Norman P Hymel, Jr. Mailing Address PO BOX 2269 City State Zip Code Patterson LA 70392 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Retired Occupation Engineer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> A9E45C196965E445BA2A Amount of Each Receipt this Period 500.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Ronald Kole Mailing Address 100 Twisted Oak Circle City State Zip Code Lafayette LA 70508-5184 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Dynasty Transportation Occupation Unknown Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> AC37090FD1C734AD9A74 Amount of Each Receipt this Period 1000.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>SUBTOTAL</b> of Receipts This Page (optional) .....		3500.00
<b>TOTAL</b> This Period (last page this line number only) .....		

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

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

FOR LINE NUMBER: PAGE 56 / 195

(check only one)

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Kerner J. Barras Mailing Address 15618 Saint Elmo Rd City Erath State LA Zip Code 70533-5815 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer INFO REQ Occupation Unknown Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> A8ECDCCED47694FEEAFA Amount of Each Receipt this Period 1000.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Michael K Hensgens Mailing Address PO BOX 1581 City Corwley State LA Zip Code 70527 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> A113C5A4BFFF14639A24 Amount of Each Receipt this Period 1000.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. James H. Romero Mailing Address PO Box 3162 City Lafayette State LA Zip Code 70502-3162 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Hub Enterprises Inc. Occupation President Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2600.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> AA7591FAA09C94246A93 Amount of Each Receipt this Period 500.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

2500.00

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

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

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

FOR LINE NUMBER: PAGE 57 / 195

(check only one)

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Robert Minyard Mailing Address 200 Steiner Road City State Zip Code Lafayette LA 70508 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> A24680069531244D6894 Amount of Each Receipt this Period 1000.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Luke J Cutrone Mailing Address 507 Richland Avenue City State Zip Code Lafayette LA 70508 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2100.00		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> AFD37F34F1B924FC0BBD Amount of Each Receipt this Period 2100.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Adrienne Helis Malvin Mailing Address 228 St. Charles Avenue Ste.912 City State Zip Code New Orleans LA 70130 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested partner in oil and gas business Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2100.00		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> A90418A6F30B54DEE923 Amount of Each Receipt this Period 2100.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		5200.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		

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

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

FOR LINE NUMBER: PAGE 58 / 195

(check only one)

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Maurice J Plaisance Mailing Address 217 Estate Drive City Houma State LA Zip Code 70364 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6 <b>Transaction ID:</b> ACA910120249840ECA45 Amount of Each Receipt this Period 1000.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Donald R. Harrington Mailing Address 112 Llansfair Dr City Lafayette State LA Zip Code 70503-8419 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Corrosion Management Int'l, Inc. Occupation Owner Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6 <b>Transaction ID:</b> A582967CB8F464E748B4 Amount of Each Receipt this Period 1000.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Douglas A. Bernard Mailing Address 2309 E. Main St #200 City New Iberia State LA Zip Code 70560-4046 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Iberia Orthopedic Group, The Occupation Orthopedic Surgeon Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6 <b>Transaction ID:</b> AFE4AC2EABAF49E08BD Amount of Each Receipt this Period 500.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>SUBTOTAL</b> of Receipts This Page (optional) .....		2500.00
<b>TOTAL</b> This Period (last page this line number only) .....		

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

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

FOR LINE NUMBER: PAGE 59 / 195

(check only one)

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Burt Oubre Mailing Address 1637 Burton Plantation Hwy City State Zip Code St. Martinville LA 70582-7441 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Farmer Occupation Unknown Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 9 / 2 0 0 6 <b>Transaction ID:</b> A907C0B57F46E4BA3BC8 Amount of Each Receipt this Period 250.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Mrs. Sandy D Boudreaux Mailing Address 811 Chene Drive City State Zip Code Houma LA 70364 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 9 / 2 0 0 6 <b>Transaction ID:</b> ABD96AF9130444907B17 Amount of Each Receipt this Period 1000.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Brent R Milam Mailing Address PO BOX 51978 City State Zip Code Lafayette LA 70505 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Reamco Inc. Occupation President Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 9 / 2 0 0 6 <b>Transaction ID:</b> A317E19BB77C4421DB7B Amount of Each Receipt this Period 1000.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

**2250.00**

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 195

(check only one)

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Thomas M. Hebert Mailing Address P.O. Box 9158 City Houma State LA Zip Code 70361-9158 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Quality Energy Services Occupation Owner Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2000.00			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 9 / 2 0 0 6 <b>Transaction ID:</b> A4884894A903F4C26BD6 Amount of Each Receipt this Period 1000.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. James H. Trahan Mailing Address 7319 Leleux Rd City New Iberia State LA Zip Code 70560-8105 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Retired Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 9 / 2 0 0 6 <b>Transaction ID:</b> A889E7D3E66E7412DA16 Amount of Each Receipt this Period 100.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Terrel Dressel, Jr. Mailing Address 116 Augusta Dr City Broussard State LA Zip Code 70518 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Aggreko Occupation V.P. Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 700.00			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 0 / 2 0 0 6 <b>Transaction ID:</b> AEC0C372F5DF841FF991 Amount of Each Receipt this Period 500.00 Credit Card <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶			1600.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶			

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

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

FOR LINE NUMBER: PAGE 61 / 195

(check only one)

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. David S. Huval, Sr. Mailing Address 511 Robert Lee Circle 3861 Amabassador Caffrey Ste.200 City State Zip Code Lafayette LA 70506-3136 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Huval & Associates Occupation Engr. & Constr. Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 0 / 2 0 0 6 <b>Transaction ID:</b> A5F6CB4DDC7734A3789B Amount of Each Receipt this Period 1000.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Octave P. Montagnet Mailing Address 121 Teche Dr City State Zip Code Lafayette LA 70503-2537 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 400.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 0 / 2 0 0 6 <b>Transaction ID:</b> AD58A6B2DAF2648BEBEB Amount of Each Receipt this Period 100.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Marvin Constantin Mailing Address PO BOX 349 City State Zip Code Rayne LA 70578 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Marvin's Engine Service Occupation Ower Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 0 / 2 0 0 6 <b>Transaction ID:</b> A2A3257CCFB3543E2925 Amount of Each Receipt this Period 1000.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>SUBTOTAL</b> of Receipts This Page (optional) .....		2100.00
<b>TOTAL</b> This Period (last page this line number only) .....		

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

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

FOR LINE NUMBER: PAGE 62 / 195

(check only one)

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

A. R.K. Pipe &amp; Supply, LLC

Mailing Address 246 Woodland Circle

City State Zip Code  
 New Iberia LA 70563

FEC ID number of contributing federal political committee.

C

Name of Employer  
Information RequestedOccupation  
Information Requested

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 9 / 2 0 / 2 0 0 6

Transaction ID: AA224C830EC4D434DAC8

Amount of Each Receipt this Period

500.00

Check

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

Full Name (Last, First, Middle Initial)

B. Kathy Sandridge

Mailing Address 4115 S. Lewis St

City State Zip Code  
 New Iberia LA 70560-8757

FEC ID number of contributing federal political committee.

C

Name of Employer  
R.K. Pipe & Supply, LLCOccupation  
Unknown

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 9 / 2 0 / 2 0 0 6

Transaction ID: ABF8B553E7CE54315848

Amount of Each Receipt this Period

250.00

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

[MEMO ITEM]

Partnership: R.K. Pipe &amp; Supply, LLC

Full Name (Last, First, Middle Initial)

C. Mr. Russell Sandridge

Mailing Address 4115 S. Lewis St  
1601 Walnut St.

City State Zip Code  
 New Iberia LA 70560-8757

FEC ID number of contributing federal political committee.

C

Name of Employer  
R.K. Pipe & Supply, LLCOccupation  
Owner

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 9 / 2 0 / 2 0 0 6

Transaction ID: ACAEF8DA078F64D719E7

Amount of Each Receipt this Period

250.00

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

[MEMO ITEM]

Partnership: R.K. Pipe &amp; Supply, LLC

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

500.00

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 195

(check only one)

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Dale Pellegrin Mailing Address 218 Venture Blvd City Houma State LA Zip Code 70360-7900 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Superior Valve Services Occupation Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 1 / 2 0 0 6 <b>Transaction ID:</b> AC93E9667F28F4C1CA91 Amount of Each Receipt this Period 1000.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. William A Monteleone, Jr. Mailing Address 214 Royal Street City New Orleans State LA Zip Code 70130-2227 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer St Charles Int'l Airport Occupation President Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 1 / 2 0 0 6 <b>Transaction ID:</b> ABADDEEAD60224B85933 Amount of Each Receipt this Period 1000.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. George Bulliard, Sr. Mailing Address PO Box 211 City St. Martinville State LA Zip Code 70582-0211 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Peppers Unlimited of Louisiana Occupation Unknown Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 450.00			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 1 / 2 0 0 6 <b>Transaction ID:</b> A91033B0608B84F75A11 Amount of Each Receipt this Period 200.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

2200.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 195

(check only one)

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

<b>A.</b> Full Name (Last, First, Middle Initial) Mrs. Judy V. Quinilty Mailing Address 408 Buena Vista Blvd City Houma State LA Zip Code 70360-7520 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1100.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 1 / 2 0 0 6 <b>Transaction ID:</b> AECA44853173F42679FC Amount of Each Receipt this Period 100.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Performance Energy Services,LLC Mailing Address 122 Industrial Blvd City Houma State LA Zip Code 70363 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 3000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 1 / 2 0 0 6 <b>Transaction ID:</b> ACA2A1BDC88164890A04 Amount of Each Receipt this Period 500.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Steve Bernard Mailing Address 122 Industrial Blvd City Houma State LA Zip Code 70363-6800 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Performance Energy Services,LLC Occupation VP - Marketing Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 833.31		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 1 / 2 0 0 6 <b>Transaction ID:</b> A029DCFE0AD1C4C51A3F Amount of Each Receipt this Period 166.66 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <b>[MEMO ITEM]</b> Partnership: Performance Energy Services,LLC

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

600.00

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 195

(check only one)

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Ricky Lagrange Mailing Address 122 Industrial Blvd City Houma State LA Zip Code 70363-6800 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Performance Energy Services, LLC Occupation President & CEO Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1333.34			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 1 / 2 0 0 6 <b>Transaction ID:</b> AC58B4CDF083D461EA58 Amount of Each Receipt this Period 166.67 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <b>[MEMO ITEM]</b> Partnership: Performance Energy Services, LLC
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Fortunato Martinez Mailing Address 122 Industrial Blvd City Houma State LA Zip Code 70363-6800 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Performance Energy Services, LLC Occupation Partner Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 833.34			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 1 / 2 0 0 6 <b>Transaction ID:</b> A1CFE427A3A8C4B49BA5 Amount of Each Receipt this Period 166.67 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <b>[MEMO ITEM]</b> Partnership: Performance Energy Services, LLC
<b>C.</b> Full Name (Last, First, Middle Initial) Eagle Consulting Mailing Address 1800 Carol Sue Avenue City Gretna State LA Zip Code 70056 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 1 / 2 0 0 6 <b>Transaction ID:</b> AF25698107DE342E98B9 Amount of Each Receipt this Period 500.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶			500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶			

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

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

FOR LINE NUMBER: PAGE 66 / 195

(check only one)

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☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Brent J Laliberte		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address 120 Bedford Ct.		<b>Transaction ID:</b> A8A2FB51E511440BA9E4
City Belle Chase	State LA	Zip Code 70037
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Election Cycle-to-Date ▼ 1000.00	Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Jack Rettig		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address 1017 North Cruse Ave		<b>Transaction ID:</b> A86D26C608301462EBB4
City Broussard	State LA	Zip Code 70518-5750
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2100.00
Name of Employer Information Requested Professional Wireline Rentals Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Manager Election Cycle-to-Date ▼ 4100.00	Credit Card <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>C.</b> Full Name (Last, First, Middle Initial) Mrs. Maria R Thomas		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address 4301 Sugar Oaks Road		<b>Transaction ID:</b> AF6F63AB892894AD2A5C
City New Iberia	State LA	Zip Code 70563-8613
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Election Cycle-to-Date ▼ 1000.00	Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

4100.00

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

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

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

FOR LINE NUMBER: PAGE 67 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

<b>A.</b> Full Name (Last, First, Middle Initial) Hanagriff's Machine Shop Mailing Address PO Box 9 City State Zip Code Centerville LA 70522 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> A7DF7AE47B43E418092F Amount of Each Receipt this Period 500.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Mrs. Paula E Pellerin Mailing Address 1404 S. Patout St City State Zip Code New Iberia LA 70560-6910 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Sir Speedy Printing Centers Occupation Employee Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6 <b>Transaction ID:</b> AA5708312CE3A475BAD1 Amount of Each Receipt this Period 250.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Thomas C Trahan Mailing Address 503 Amarillo Drive City State Zip Code Houma LA 70360 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer coastal distributors Occupation Owner Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6 <b>Transaction ID:</b> A0F56C19E460E459ABF7 Amount of Each Receipt this Period 1000.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

1750.00

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

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

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

FOR LINE NUMBER: PAGE 68 / 195

(check only one)

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Tommy Dyson Mailing Address PO BOX 9015 City Houma State LA Zip Code 70361 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Coastal Wire Rope Occupation President Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 6 / 2 0 0 6 <b>Transaction ID:</b> A80F1C723E1F44FE1ABE Amount of Each Receipt this Period 1000.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Mrs. Deborah Hubbard Mailing Address 406 Ardoyne Drive City Houma State LA Zip Code 70360 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer roustabouts, inc Occupation Businessman Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 6 / 2 0 0 6 <b>Transaction ID:</b> AED7735CF86994225BB4 Amount of Each Receipt this Period 1000.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Rudy B. Laris, Jr. Mailing Address 104 Chateau Dr City Lockport State LA Zip Code 70374-3473 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Laris Insurance Agency In-c. Occupation Unknown Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 3500.00			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 6 / 2 0 0 6 <b>Transaction ID:</b> AC4054495D95549CE82C Amount of Each Receipt this Period 1000.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

**3000.00**

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

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

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

FOR LINE NUMBER: PAGE 69 / 195

(check only one)

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. James Neil Collins Mailing Address 329 Indest St 4310 Freyou Road 70560 City State Zip Code New Iberia LA 70563-1733 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Technical Resource Services Occupation Owner/safety consultant Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 6 / 2 0 0 6 <b>Transaction ID:</b> A9508121D2F374053AEE Amount of Each Receipt this Period 1000.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Joseph Storey Charbonnet Mailing Address 639 Loyola Ave., Ste 2775 City State Zip Code New Orleans LA 70113-7115 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Johnson Rice & Co Occupation Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 6 / 2 0 0 6 <b>Transaction ID:</b> A9EF150FB9B4C40D6882 Amount of Each Receipt this Period 2100.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Joseph Storey Charbonnet Mailing Address 639 Loyola Ave., Ste 2775 City State Zip Code New Orleans LA 70113-7115 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Johnson Rice & Co Occupation Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff 2006 Election Cycle-to-Date ▼ 2500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 6 / 2 0 0 6 <b>Transaction ID:</b> AF78D8F61166145718AD Amount of Each Receipt this Period 400.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

**3500.00**

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Joseph E Clements, Jr. Mailing Address PO BOX 14589 City State Zip Code Baton Rouge LA 70898 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Burger King Franchise Owner Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6 <b>Transaction ID:</b> ADCCBEAC1D173446FB05 Amount of Each Receipt this Period 1000.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Kerner J. Barras Mailing Address 15618 Saint Elmo Rd City State Zip Code Erath LA 70533-5815 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation INFO REQ Unknown Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2100.00			Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6 <b>Transaction ID:</b> A6868482A00764B0BB6F Amount of Each Receipt this Period 100.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Shannon Hardware Mailing Address 101 Nolan Road PO BOX 460 City State Zip Code Broussard LA 70518 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Information Requested Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6 <b>Transaction ID:</b> AF5133FCD01644BD1A1E Amount of Each Receipt this Period 1000.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

2100.00

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

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 195

(check only one)

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☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

<b>A.</b> Full Name (Last, First, Middle Initial) Hon. Gordon Dove, Sr. Mailing Address PO Box 629 City Houma State LA Zip Code 70361-0629 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer House of Representatives Occupation Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2180.00			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 8 / 2 0 0 6 <b>Transaction ID:</b> AA1E2C5F8FE3E4838950 Amount of Each Receipt this Period 680.00 In-kind: Event - Food & Servers <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Jimmy Nolan Ponder, MD Mailing Address 209 Country Club Blvd City Thibodaux State LA Zip Code 70301-3705 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Physician Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1100.00			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 8 / 2 0 0 6 <b>Transaction ID:</b> AD926395E366F49E9B72 Amount of Each Receipt this Period 1000.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Rene Clement Mailing Address 5265 Hwy 311 City Houma State LA Zip Code 70360 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 400.00			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 8 / 2 0 0 6 <b>Transaction ID:</b> A35D8B857F4B248AE814 Amount of Each Receipt this Period 400.00 In-kind: Event-Tent <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶			2080.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶			

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 195

(check only one)

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Thomas V. Bertuccini, MD Mailing Address 216 Kings Rd. City State Zip Code Lafayette LA 70503-3620 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Physician Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 6 <b>Transaction ID:</b> AB1097F54337944B2854 Amount of Each Receipt this Period 500.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Mrs. Emily C Crochet Mailing Address 7771-C Main Hwy. City State Zip Code St. Martinville LA 70582 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 6 <b>Transaction ID:</b> AEA7D2F3F6FCC44A19ED Amount of Each Receipt this Period 1000.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Lucille C Theriot Mailing Address 1105 Wilfred Champagne Road City State Zip Code St. Martinville LA 70582 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 6 <b>Transaction ID:</b> A4090FB8A9D1A45118AA Amount of Each Receipt this Period 500.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

2000.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 195

(check only one)

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Steve Guillot Mailing Address 402 Lake Cresent City Houma State LA Zip Code 70360 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 980.00		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 6 <b>Transaction ID:</b> A1B2D8A50195E422FB8B Amount of Each Receipt this Period 980.00 In-kind: Event-Beverages <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Philip Knobock Mailing Address 185 Kleinpeter City Thibodaux State LA Zip Code 70301 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 6 <b>Transaction ID:</b> A53A11B5C9BF64734B80 Amount of Each Receipt this Period 500.00 In-kind: Event-Band <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Thomas M. Hebert Mailing Address P.O. Box 9158 City Houma State LA Zip Code 70361-9158 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Quality Energy Services Occupation Owner Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2500.00		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 6 <b>Transaction ID:</b> A183183DDC1AD4831B8A Amount of Each Receipt this Period 500.00 In-kind: Event-Food & Beverages <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

1980.00

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

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

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

FOR LINE NUMBER: PAGE 74 / 195

(check only one)

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

**A.** Gas Investments, LLC

Mailing Address PO BOX 2096

City State Zip Code  
 Gonzales LA 70707-2096

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 2 8 / 2 0 0 6

Transaction ID: AD02925E89FCA4A42893

Amount of Each Receipt this Period

1000.00

Check

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

Full Name (Last, First, Middle Initial)

**B.** Mr. Timothy A. Bergeron

Mailing Address 306 Redmond Dr.

City State Zip Code  
 Houma LA 70363

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tarpon Rental

Occupation  
Owner

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 1100.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 2 9 / 2 0 0 6

Transaction ID: AE244CEFD37A461A8C0

Amount of Each Receipt this Period

1100.00

Check

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

Full Name (Last, First, Middle Initial)

**C.** Ms. Monica H. Broussard

Mailing Address 117 Oak Terrace

City State Zip Code  
 Lafayette LA 70508

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JNB Operating LLC

Occupation  
Unknown

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 4200.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 2 9 / 2 0 0 6

Transaction ID: A2188AD1788D949669BC

Amount of Each Receipt this Period

1700.00

Check

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

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

3800.00

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

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

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

FOR LINE NUMBER: PAGE 75 / 195

(check only one)

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

<b>A.</b> Full Name (Last, First, Middle Initial) Mrs. Linda M. Hales Mailing Address 508 Lucerne Dr. City State Zip Code New Iberia LA 70563 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 9 / 2 0 0 6 <b>Transaction ID:</b> A0CC502AD05C34A30929 Amount of Each Receipt this Period 500.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Mrs. Ronney J. Picou Mailing Address 3979 HWY 311 City State Zip Code Houma LA 70360-8116 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 400.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 9 / 2 0 0 6 <b>Transaction ID:</b> AD99C89644B4F43DF91B Amount of Each Receipt this Period 200.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Mrs. Laura Floyd Mailing Address 8610 River Rd. City State Zip Code Abbeville LA 70510 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2100.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 9 / 2 0 0 6 <b>Transaction ID:</b> A60F68B14329D47879CA Amount of Each Receipt this Period 2100.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

**2800.00**

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 195

(check only one)

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

<b>A.</b> Full Name (Last, First, Middle Initial) Mrs. Renee Hunt Mailing Address PO Box 942 City State Zip Code Cut Off LA 70345 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <div>2100.00</div>		Date of Receipt <div>09 / 29 / 2006</div> <b>Transaction ID:</b> AB2AA2529AB9442F1919 Amount of Each Receipt this Period <div>2100.00</div> Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Mrs. Renee Hunt Mailing Address PO Box 942 City State Zip Code Cut Off LA 70345 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff 2006 Election Cycle-to-Date ▼ <div>2100.00</div>		Date of Receipt <div>09 / 29 / 2006</div> <b>Transaction ID:</b> A3534478857C84E36B89 Amount of Each Receipt this Period <div>2100.00</div> Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Donald T. Bollinger Mailing Address PO Box 250 City State Zip Code Lockport LA 70374-0250 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Bollinger Shipyards Unknown Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <div>4100.00</div>		Date of Receipt <div>09 / 29 / 2006</div> <b>Transaction ID:</b> A90B036A001E24462AA6 Amount of Each Receipt this Period <div>2000.00</div> Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>SUBTOTAL</b> of Receipts This Page (optional) .....		<div>6200.00</div>
<b>TOTAL</b> This Period (last page this line number only) .....		

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

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

FOR LINE NUMBER: PAGE 77 / 195

(check only one)

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Stephanie Hebert Mailing Address PO Box 404 City Houma State LA Zip Code 70361-0404 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Employed Occupation Insurance Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 9 / 2 0 0 6 <b>Transaction ID:</b> A58D86E5CF48B4030B66 Amount of Each Receipt this Period 1000.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Rudy B. Laris, Sr. Mailing Address 111 Vacherie St City Lockport State LA Zip Code 70374-2534 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Laris Insurance Agency Inc. Occupation Insurance Agent Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2600.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 9 / 2 0 0 6 <b>Transaction ID:</b> AA990D43554E2471BAFA Amount of Each Receipt this Period 100.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Keith Poirrier Mailing Address 101 Rue Du Jardin City Lafayette State LA Zip Code 70507 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Capital One Occupation Investor Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 9 / 2 0 0 6 <b>Transaction ID:</b> A88346F748FB743A0914 Amount of Each Receipt this Period 1000.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

**2100.00**

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

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

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

FOR LINE NUMBER: PAGE 78 / 195

(check only one)

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Ricardo R. Leoni Mailing Address PO Box 52668 City State Zip Code Lafayette LA 70505 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Occupation Surgeon Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <div>1000.00</div>		Date of Receipt <div>09 / 29 / 2006</div> <b>Transaction ID:</b> A13A3C5B2A81B482499F Amount of Each Receipt this Period <div>1000.00</div> Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Craig J. Breaux Mailing Address 230 Menard Road City State Zip Code Houma LA 70363 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Quality Energy Services Occupation Valve Division Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <div>1000.00</div>		Date of Receipt <div>09 / 29 / 2006</div> <b>Transaction ID:</b> A5C5D8B17772E4D6BBF6 Amount of Each Receipt this Period <div>1000.00</div> Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Warren M. Hohensee Mailing Address 4202 Hwy 1 City State Zip Code Raceland LA 70394-3860 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Warren M. Hohensee Accountant, Inc. Occupation Accountant Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <div>1100.00</div>		Date of Receipt <div>09 / 29 / 2006</div> <b>Transaction ID:</b> A4742E71063CC4CC9855 Amount of Each Receipt this Period <div>100.00</div> Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

**2100.00**

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

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

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

FOR LINE NUMBER: PAGE 79 / 195

(check only one)

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Joel N Broussard Mailing Address PO Box 53766 City State Zip Code Lafayette LA 70508-3766 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer DP Crewboats LLC Occupation INFO REQ Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 4200.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 9 / 2 0 0 6 <b>Transaction ID:</b> A8BDC1A624B2F48F2927 Amount of Each Receipt this Period 1100.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Wallace Carline Mailing Address PO Box 2443 City State Zip Code Morgan City LA 70381-2443 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Diamond Services Occupation Unknown Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2100.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 9 / 2 0 0 6 <b>Transaction ID:</b> A91C15A8BF5B94EC6B9A Amount of Each Receipt this Period 2100.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Pat Brady Mailing Address PO Box 940 City State Zip Code Larose LA 70373-0940 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer SJI, LLC Occupation Owner Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 3000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 9 / 2 0 0 6 <b>Transaction ID:</b> AB863CEB6482447EA95F Amount of Each Receipt this Period 2000.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		5200.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		

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

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

FOR LINE NUMBER: PAGE 80 / 195

(check only one)

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Abram D. Hunt, Jr.		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address PO Box 942		<b>Transaction ID:</b> AC2EC8558B7134E44B6C
City State Zip Code Cut Off LA 70345	Amount of Each Receipt this Period 2100.00	
FEC ID number of contributing federal political committee. <b>C</b>	Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Election Cycle-to-Date ▼ 2100.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Abram D. Hunt, Jr.		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address PO Box 942		<b>Transaction ID:</b> A745837E7C5B04C1F877
City State Zip Code Cut Off LA 70345	Amount of Each Receipt this Period 2100.00	
FEC ID number of contributing federal political committee. <b>C</b>	Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Election Cycle-to-Date ▼ 2100.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Anthony J. Herques		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 4280 Hwy 311		<b>Transaction ID:</b> A863FADBB93C4421DACC
City State Zip Code Houma LA 70360	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>	Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Election Cycle-to-Date ▼ 1000.00	

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

5200.00

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

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

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

FOR LINE NUMBER: PAGE 81 / 195

(check only one)

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. David P. Gravois Mailing Address 108 Leon St City State Zip Code Golden Meadow LA 70357-3002 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation INFO REQ Unknown Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 4100.00			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 9 / 2 0 0 6 <b>Transaction ID:</b> A52BCD5AB4B5D4C4AA66 Amount of Each Receipt this Period 2100.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Mrs. Pamela A. Gravois Mailing Address 106 Plantation Dr. City State Zip Code Cut Off LA 70345 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Information Requested Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2100.00			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 9 / 2 0 0 6 <b>Transaction ID:</b> A81F0481CA438452EA0D Amount of Each Receipt this Period 2100.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Donald W. Henagan, DDS Mailing Address 600 Rue De Lion City State Zip Code New Iberia LA 70563-2113 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Self Employed Dentist Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 400.00			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 9 / 2 0 0 6 <b>Transaction ID:</b> A8F18CE747F2C4CC9AF8 Amount of Each Receipt this Period 200.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶			4400.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶			

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

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

FOR LINE NUMBER: PAGE 82 / 195

(check only one)

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Michael Fesi		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6	
Mailing Address 129 Ciera Dr		<b>Transaction ID:</b> AE1B3E35C3D514CEDA1C	
City Houma	State LA	Zip Code 70364	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Election Cycle-to-Date ▼ 500.00		

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

500.00

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

252510.00

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

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

FOR LINE NUMBER: PAGE 83 / 195

(check only one)

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

**A.** Westmoreland for Congress

Mailing Address P.O. Box 458

City State Zip Code  
 Sharpsburg GA 30277

FEC ID number of contributing  
federal political committee.

**C** C00387126

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 2 7 / 2 0 0 6

Transaction ID: A9D64DB62A25D44A8A52

Amount of Each Receipt this Period

1000.00

Check

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

Full Name (Last, First, Middle Initial)

**B.** Tom Feeney for Congress

Mailing Address c/o 610 South Boulevard

City State Zip Code  
 Tampa FL 33606

FEC ID number of contributing  
federal political committee.

**C** C00368951

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 2 7 / 2 0 0 6

Transaction ID: A969661043E294282BE9

Amount of Each Receipt this Period

1000.00

Check

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

Full Name (Last, First, Middle Initial)

**C.** McCrery For Congress Committee

Mailing Address PO Box 52956  
 333 Texas Street Suite 1900

City State Zip Code  
 Shreveport LA 71135

FEC ID number of contributing  
federal political committee.

**C** C00220186

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 2 7 / 2 0 0 6

Transaction ID: A7E4105EA395C48AF93F

Amount of Each Receipt this Period

1000.00

Check

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

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

3000.00

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

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

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

FOR LINE NUMBER: PAGE 84 / 195

(check only one)

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

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

NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

**A.** Full Name (Last, First, Middle Initial)  
The Committee for the Preservation of Capitalism

Mailing Address P.O. Box 65314

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00328468

Name of Employer Occupation

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 2 7 / 2 0 0 6

Transaction ID: A129C63E08E26468088F

Amount of Each Receipt this Period

5000.00

Check

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

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

Mailing Address P.O. Box 7480

City State Zip Code  
Visalia CA 93290

FEC ID number of contributing federal political committee. **C** C00398750

Name of Employer Occupation

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 2 7 / 2 0 0 6

Transaction ID: A4355249DF4B64530BDA

Amount of Each Receipt this Period

1000.00

Check

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

**C.** Full Name (Last, First, Middle Initial)  
The Committee for the Preservation of Capitalism

Mailing Address P.O. Box 65314

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00328468

Name of Employer Occupation

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 2 7 / 2 0 0 6

Transaction ID: A824B08F5AA324040B95

Amount of Each Receipt this Period

5000.00

Check

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

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

11000.00

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

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

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

FOR LINE NUMBER: PAGE 85 / 195

(check only one)

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

**A.** Full Name (Last, First, Middle Initial)  
 COLE - Conservative Opportunity Leadership & Enterprise

Mailing Address 12176 Chancery Station Circle

City State Zip Code  
 Reston VA 20190

FEC ID number of contributing  
federal political committee. **C** C00404392

Name of Employer Occupation

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 7 / 2 0 0 6

Transaction ID: ABB7B3B1582B9486E80E

Amount of Each Receipt this Period

1000.00

Check

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

**B.** Full Name (Last, First, Middle Initial)  
 The Badger Fund INC.

Mailing Address 4986 Sentinel Dr. Apt 104

City State Zip Code  
 Bethesda MD 20816

FEC ID number of contributing  
federal political committee. **C** C00409680

Name of Employer Occupation

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 7 / 2 0 0 6

Transaction ID: A684E8615E7F3499F8E7

Amount of Each Receipt this Period

1000.00

Check

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

**C.** Full Name (Last, First, Middle Initial)  
 Price for Congress

Mailing Address P.O. Box 425

City State Zip Code  
 Roswell GA 30077

FEC ID number of contributing  
federal political committee. **C** C00386755

Name of Employer Occupation

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 2000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 3 1 / 2 0 0 6

Transaction ID: A4C87B809942143AFAB3

Amount of Each Receipt this Period

2000.00

Check

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

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

4000.00

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

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

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

FOR LINE NUMBER: PAGE 86 / 195

(check only one)

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

<b>A.</b> Full Name (Last, First, Middle Initial) Henry E. Brown for Congress Mailing Address PO Box 61886 City North Charleston State SC Zip Code 29419 FEC ID number of contributing federal political committee. <b>C</b> C00341529 Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 3 1 / 2 0 0 6 <b>Transaction ID:</b> A32378DE6A0454698A5D Amount of Each Receipt this Period 1000.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) The Freedom Project Mailing Address 509 7th Street NW Third Floor City Washington State DC Zip Code 20004 FEC ID number of contributing federal political committee. <b>C</b> C00305805 Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 7 / 2 0 0 6 <b>Transaction ID:</b> A460AEE5DF5924F13A3F Amount of Each Receipt this Period 5000.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Committee to Re-Elect Bobby Jindal Mailing Address 8550 United Plaza Blvd. Suite 1001 City Baton Rouge State LA Zip Code 70809 FEC ID number of contributing federal political committee. <b>C</b> C00408823 Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 4000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 7 / 2 0 0 6 <b>Transaction ID:</b> AD66A049EB5524CED9C3 Amount of Each Receipt this Period 2000.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		8000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		

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

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

FOR LINE NUMBER: PAGE 87 / 195

(check only one)

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

<b>A.</b> Full Name (Last, First, Middle Initial) Committee to Re-Elect Bobby Jindal		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 7 / 2 0 0 6 <b>Transaction ID:</b> A181DAAF5D3634BB2A64
Mailing Address 8550 United Plaza Blvd. Suite 1001		<b>Amount of Each Receipt this Period</b> 2000.00
City Baton Rouge	State LA	Zip Code 70809
FEC ID number of contributing federal political committee. <b>C</b> C00408823		<b>Check</b> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	
<b>B.</b> Full Name (Last, First, Middle Initial) 21st Century PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 5 / 2 0 0 6 <b>Transaction ID:</b> A1F5B20C44D9F411F817
Mailing Address 2052 Lake Audobon Court		<b>Amount of Each Receipt this Period</b> 1000.00
City Reston	State VA	Zip Code 20191
FEC ID number of contributing federal political committee. <b>C</b> C00315747		<b>Check</b> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	
<b>C.</b> Full Name (Last, First, Middle Initial) Together for Our Majority PAC (TOMPAC)		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 1 / 2 0 0 6 <b>Transaction ID:</b> AEB3439A6A50641578DE
Mailing Address PO Box 16488		<b>Amount of Each Receipt this Period</b> 5000.00
City Arlington	State VA	Zip Code 22215
FEC ID number of contributing federal political committee. <b>C</b> C00364174		<b>Check</b> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

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

8000.00

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

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

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

FOR LINE NUMBER: PAGE 88 / 195

(check only one)

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

**A. Associated Builders & Contractors**

Mailing Address 4250 N Fairfax Dr 9th floor

City State Zip Code  
Arlington VA 22203

FEC ID number of contributing  
federal political committee.

**C** C00010421

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10000.00

Date of Receipt

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

Transaction ID: A1D564C212103438B8F9

Amount of Each Receipt this Period

5000.00

Check

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

Full Name (Last, First, Middle Initial)

**B. Phillips International Inc PAC**

Mailing Address 9420 Key West Ave 4th Floor

City State Zip Code  
Rockville MD 20850

FEC ID number of contributing  
federal political committee.

**C** C00266536

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: AC16B9DD897054D17BF3

Amount of Each Receipt this Period

1000.00

Check

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

Full Name (Last, First, Middle Initial)

**C. Acadian Ambulance Employee Federal PAC**

Mailing Address P.O. Box 98000

City State Zip Code  
LAFAYETTE LA 70509

FEC ID number of contributing  
federal political committee.

**C** C00335570

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 3 / 2 0 0 6

Transaction ID: A8445CD5B4C494361957

Amount of Each Receipt this Period

2000.00

Check

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

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

8000.00

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

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

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

FOR LINE NUMBER: PAGE 89 / 195

(check only one)

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

<b>A.</b> Full Name (Last, First, Middle Initial) McGlinchey Stafford PLLC		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 9 / 2 0 0 6	
Mailing Address One America Place 14th Floor		<b>Transaction ID:</b> A666B234A4FFD48C4B3F	
City Baton Rouge	State LA	Zip Code 70825	<b>Amount of Each Receipt this Period</b> 500.00
FEC ID number of contributing federal political committee. <b>C</b> C00168120		<b>Check</b> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		
<b>B.</b> Full Name (Last, First, Middle Initial) Louisiana Reform		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 1 / 2 0 0 6	
Mailing Address PO Box 1542		<b>Transaction ID:</b> AEE662B2A4C0741C6BE1	
City Shreveport	State LA	Zip Code 71165	<b>Amount of Each Receipt this Period</b> 5000.00
FEC ID number of contributing federal political committee. <b>C</b>		<b>Check</b> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00		
<b>C.</b> Full Name (Last, First, Middle Initial) National Franchise Association PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 6 / 2 0 0 6	
Mailing Address 1201 Roberts Blvd Ste.100		<b>Transaction ID:</b> A21FDA350A1F44B32919	
City Kennesaw	State GA	Zip Code 30144	<b>Amount of Each Receipt this Period</b> 1000.00
FEC ID number of contributing federal political committee. <b>C</b> C00329425		<b>Check</b> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

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

6500.00

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 90 / 195

(check only one)

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

<b>A.</b> Full Name (Last, First, Middle Initial) Solutions America Mailing Address 575 8th ave. Fl 24 City State Zip Code New York NY 10018 FEC ID number of contributing federal political committee. <b>C</b> C00335448 Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 3000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 8 / 2 0 0 6 <b>Transaction ID:</b> A22F59F7143C14D548DB Amount of Each Receipt this Period 3000.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) SONNENSCHNEIN Mailing Address 1301 K Street NW Suite 600, East T City State Zip Code Washington DC 20005 FEC ID number of contributing federal political committee. <b>C</b> C00216127 Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 9 / 2 0 0 6 <b>Transaction ID:</b> A4C10D872A6B141CD947 Amount of Each Receipt this Period 1000.00 Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

4000.00

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

52500.00

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

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

FOR LINE NUMBER: PAGE 91 / 195

(check only one)

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

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

Gingrey For Congress

Mailing Address P.O. Box U

City State Zip Code  
 Marietta GA 30061

FEC ID number of contributing  
federal political committee. **C** C00370783

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 2 7 / 2 0 0 6

Transaction ID: A8BF0ADC5A3424F9DB9C

Amount of Each Receipt this Period

1000.00

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

[MEMO ITEM]

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

Joe Wilson for Congress

Mailing Address PO BOX 2145

City State Zip Code  
 West Columbia SC 29171

FEC ID number of contributing  
federal political committee. **C** C00368522

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 4000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 2 7 / 2 0 0 6

Transaction ID: A5D52806A9D9D4986BD4

Amount of Each Receipt this Period

4000.00

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

[MEMO ITEM]

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

Westmoreland for Congress

Mailing Address P.O. Box 458

City State Zip Code  
 Sharpsburg GA 30277

FEC ID number of contributing  
federal political committee. **C** C00387126

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 2 7 / 2 0 0 6

Transaction ID: A995FC0B9B17B49E486A

Amount of Each Receipt this Period

500.00

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

[MEMO ITEM]

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

0.00

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

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

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

FOR LINE NUMBER: PAGE 92 / 195

(check only one)

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

<b>A.</b> Full Name (Last, First, Middle Initial) Growth & Prosperity PAC Mailing Address 2610 Ridge Road Dr. City State Zip Code Alexandria VA 22302 FEC ID number of contributing federal political committee. <b>C</b> C00388793 Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 9280.62		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 7 / 2 0 0 6 <b>Transaction ID:</b> AB95561D891E24BAC8C8 Amount of Each Receipt this Period 2500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Thomas Garr Mailing Address 4245 Paron Walk NW City State Zip Code Atlanta GA 30327 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Mastholm Asset Mgmt. Occupation Director Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 7 / 2 0 0 6 <b>Transaction ID:</b> A63B40ACED7FD434C991 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. William Skipper, Jr. Mailing Address 10200 Wendover Road City State Zip Code Vienna VA 22181 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Consultant Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 7 / 2 0 0 6 <b>Transaction ID:</b> A68EFD5E89A4426888C Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <b>[MEMO ITEM]</b>

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

0.00

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

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

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

FOR LINE NUMBER: PAGE 93 / 195

(check only one)

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

**A.** Mr. Joe Tanner

Mailing Address 50 Hurt Plaza Ste. 930

City State Zip Code  
 Atlanta GA 30303

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Joe Tanner & Assoc.

Occupation  
President

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 2 7 / 2 0 0 6

Transaction ID: AFE8E316D5E9B470BBEF

Amount of Each Receipt this Period

250.00

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B.** Growth & Prosperity PAC

Mailing Address 2610 Ridge Road Dr.

City State Zip Code  
 Alexandria VA 22302

FEC ID number of contributing  
federal political committee.

**C** C00388793

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

9280.62

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 2 7 / 2 0 0 6

Transaction ID: ACC8F9C70A24F43FFB8D

Amount of Each Receipt this Period

4280.62

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C.** Checkfree Corporation

Mailing Address 4411 E. Jones Bridge Road

City State Zip Code  
 Norcross GA 30092

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 2 7 / 2 0 0 6

Transaction ID: AD3C185925BCB4147B60

Amount of Each Receipt this Period

250.00

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

[MEMO ITEM]

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

0.00

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

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

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

FOR LINE NUMBER: PAGE 94 / 195

(check only one)

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

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

Pickering for Congress

Mailing Address PO BOX 4297

City State Zip Code  
 Brandon MS 39047

FEC ID number of contributing  
federal political committee.

C C00308577

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: A9B9CD3BEDDC34DE9801

Amount of Each Receipt this Period

250.00

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

[MEMO ITEM]

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

Mr. Thomas Bagwell

Mailing Address 6410 Holland Drive

City State Zip Code  
 Cumming GA 30041

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Proteins Inc.

Occupation  
Chairman/CEO

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

277.78

Date of Receipt

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

Transaction ID: AF2023C2785B646F2859

Amount of Each Receipt this Period

277.78

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

[MEMO ITEM]

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

Mr. A Russell Chandler

Mailing Address 700 Park Regency PI #2103

City State Zip Code  
 Atlanta GA 30326

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Exec.

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 2 5 / 2 0 0 6

Transaction ID: ACDDCFDB1DDF74BA1A02

Amount of Each Receipt this Period

300.00

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

[MEMO ITEM]

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

0.00

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

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

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

FOR LINE NUMBER: PAGE 95 / 195

(check only one)

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

<b>A.</b> Full Name (Last, First, Middle Initial) Mrs. Hanna Sally Mailing Address 245 Perimeter Center Pkwy. NE Ste. City Atlanta State GA Zip Code 30346 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Homemaker Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00		Date of Receipt MM / DD / YYYY 08 / 25 / 2006 <b>Transaction ID:</b> AFA3C4430CCFF49DF849 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Leo Wells, III Mailing Address PO BOX 926040 City Norcross State GA Zip Code 30010 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Wells & Assoc. Occupation Real Estate Broker Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 533.33		Date of Receipt MM / DD / YYYY 08 / 25 / 2006 <b>Transaction ID:</b> A117A33F478C94EA3BC9 Amount of Each Receipt this Period 533.33 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) American Speech & Hearing Assoc. Mailing Address 10801 Rockville Pike City Rockville State MD Zip Code 20852 FEC ID number of contributing federal political committee. <b>C</b> C00210666 Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00		Date of Receipt MM / DD / YYYY 08 / 31 / 2006 <b>Transaction ID:</b> A1D26BC510B524D5D9E7 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <b>[MEMO ITEM]</b>
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 96 / 195

(check only one)

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

<b>A.</b> Full Name (Last, First, Middle Initial) Southeast Romp Mailing Address 228 Washington St Ste 115 City State Zip Code Alexandria VA 22314 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <div style="text-align: right;">16137.06</div>	Date of Receipt <div style="border: 1px solid black; padding: 2px;">             M M / D D / Y Y Y Y Y              0 9 / 1 5 / 2 0 0 6           </div> <b>Transaction ID:</b> A865D44E3B96742AEA6B Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">16137.06</div> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Barrett for Congress Mailing Address PO Box 869 City State Zip Code Westminster SC 29693 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <div style="text-align: right;">1111.11</div>	Date of Receipt <div style="border: 1px solid black; padding: 2px;">             M M / D D / Y Y Y Y Y              0 9 / 1 5 / 2 0 0 6           </div> <b>Transaction ID:</b> AA881D41CEFAB4932AB3 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">1111.11</div> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Gingrey For Congress Mailing Address P.O. Box U City State Zip Code Marietta GA 30061 FEC ID number of contributing federal political committee. <b>C</b> C00370783 Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <div style="text-align: right;">2143.00</div>	Date of Receipt <div style="border: 1px solid black; padding: 2px;">             M M / D D / Y Y Y Y Y              0 9 / 1 5 / 2 0 0 6           </div> <b>Transaction ID:</b> AFE1A9D5A12F5451CAE7 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">143.00</div> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <b>[MEMO ITEM]</b>
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

16137.06

16137.06

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

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

FOR LINE NUMBER: PAGE 97 / 195

(check only one)

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

**A.** Full Name (Last, First, Middle Initial)  
Farmers Merchants Bank

Mailing Address PO Box 910

City State Zip Code  
 Breaux Bridge LA 70517

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

581.20

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 2 9 / 2 0 0 6

Transaction ID: A65AE3FCCD0674D75B94

Amount of Each Receipt this Period

159.54

Interest from Certificate  
of D

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

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

159.54

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

159.54

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 98 / 195

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

**A.** Political Solutions, Inc.

Mailing Address 5101 MacArthur Blvd.  
Suite 200

City Washington State DC Zip Code 20016

Purpose of Disbursement  
Fundraiser Mailout

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B6EAA9DC0D7054205851

Date of Disbursement

07 / 24 / 2006

Amount of Each Disbursement this Period

19406.80

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

Full Name (Last, First, Middle Initial)

**B.** Mr. Sean P. DiSomma

Mailing Address 452 Ridgewood Blvd

City Washington Tap State NJ Zip Code 07676

Purpose of Disbursement  
Entry/Food-Festival

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** BA66171BC328F43ECB0C

Date of Disbursement

07 / 26 / 2006

Amount of Each Disbursement this Period

441.93

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

Full Name (Last, First, Middle Initial)

**C.** Swamp Pop Festival

Mailing Address 9039 St Landry

City Gonzales State LA Zip Code 70737

Purpose of Disbursement  
Entry Fee-Festival

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B56D42360EF0B47379AC

Date of Disbursement

07 / 26 / 2006

Amount of Each Disbursement this Period

98.00

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

**[MEMO ITEM]**

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

19848.73

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 99 / 195

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

**A.** Mr. Dean Bouzigard

Mailing Address PO Box 13657

City  
New Iberia

State  
LA

Zip Code  
70562-3657

Purpose of Disbursement  
Travel Expense-Mileage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** BC112B89C78564F08998

Date of Disbursement

/   /

Amount of Each Disbursement this Period

51.96

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

Full Name (Last, First, Middle Initial)

**B.** Ms. Sally A. Nungesser

Mailing Address 1554 Lobdell Ave

City  
Baton Rouge

State  
LA

Zip Code  
70806-8243

Purpose of Disbursement  
Fundraiser Commission

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** BFDA13923E2FD4F3CA32

Date of Disbursement

/   /

Amount of Each Disbursement this Period

130.00

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

Full Name (Last, First, Middle Initial)

**C.** Ms. Sally A. Nungesser

Mailing Address 1554 Lobdell Ave

City  
Baton Rouge

State  
LA

Zip Code  
70806-8243

Purpose of Disbursement  
Fundraiser Commission

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** BA4476D0739DA4E76A16

Date of Disbursement

/   /

Amount of Each Disbursement this Period

270.00

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

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

451.96

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 100 / 195

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

**A.** J.M. Landry and Associates Inc

Mailing Address P O Box 990

City  
Broussard

State  
LA

Zip Code  
70518-0990

Purpose of Disbursement  
Political Consulting Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B9B41414C0FB445AFA58

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2450.00

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

Full Name (Last, First, Middle Initial)

**B.** Shamrock Office Supply

Mailing Address 416 S Main St

City  
St Martinville

State  
LA

Zip Code  
70582

Purpose of Disbursement  
Office Expense-Copies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B68ABAC0C6FF84F7A9BB

Date of Disbursement

/   /

Amount of Each Disbursement this Period

34.84

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

Full Name (Last, First, Middle Initial)

**C.** Iberia Office Supply, Inc.

Mailing Address 1110 Center Street  
P.O.Box 9898

City  
New Iberia

State  
LA

Zip Code  
70560

Purpose of Disbursement  
Office Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B763232CAC606448F8E2

Date of Disbursement

/   /

Amount of Each Disbursement this Period

99.68

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

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

2584.52

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 101 / 195

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

## **A. Bellwether Consulting Group**

Mailing Address 815 Slaters Lane

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Political Fundraising Retainer

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B9FF8EE8F91BB42FFA21

Date of Disbursement

07 / 27 / 2006

Amount of Each Disbursement this Period

1000.00

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

Full Name (Last, First, Middle Initial)

## **B. UST Group Services**

Mailing Address P.O. Box 990

City Broussard State LA Zip Code 70518

Purpose of Disbursement  
Employee Salaries/Benefits

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B3E95A179B99D4198BCD

Date of Disbursement

07 / 27 / 2006

Amount of Each Disbursement this Period

1521.00

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

Full Name (Last, First, Middle Initial)

## **C. Mr. Wesley A. Gautreaux**

Mailing Address 109 East Dr

City New Iberia State LA Zip Code 70560

Purpose of Disbursement  
Mileage & Expenses-see attached

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BE8EFF5FD55DA4555891

Date of Disbursement

07 / 27 / 2006

Amount of Each Disbursement this Period

362.10

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

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

2883.10

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 102 / 195

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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

Full Name (Last, First, Middle Initial)

**A.** Miss Sarah Romero

Mailing Address PO Box 10832

City State Zip Code  
 New Iberia LA 70562-0832

Purpose of Disbursement  
 Employee Salary

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** BE4917DECDA07432881E

Date of Disbursement

/   /

Amount of Each Disbursement this Period

172.83

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

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B.** Mrs. Darlene H. Barras

Mailing Address 2205 Kramer Dr

City State Zip Code  
 New Iberia LA 70560-7024

Purpose of Disbursement  
 Employee Salary

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B4DA47A0F0B864A81866

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1149.78

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

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C.** UST Group Services

Mailing Address P.O. Box 990

City State Zip Code  
 Broussard LA 70518

Purpose of Disbursement  
 Taxes & Employee Salaries

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** BA1E7CE76A0B34DCEA5B

Date of Disbursement

/   /

Amount of Each Disbursement this Period

198.39

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

**[MEMO ITEM]**

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 103 / 195

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

## **A. Cingular Wireless**

Mailing Address P.O. Box 650584

City  
Dallas

State  
TX

Zip Code  
75265-0584

Purpose of Disbursement  
Cell Phone Expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BA2F70496DA924468951

Date of Disbursement

/   /

Amount of Each Disbursement this Period

329.74

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

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

## **B. Active Network Inc**

Mailing Address 10182 Telesis Court Ste 300

City  
San Diego

State  
CA

Zip Code  
92121

Purpose of Disbursement  
Processing Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B813134FEB30F4F15802

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5.75

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

Full Name (Last, First, Middle Initial)

## **C. Mr. Terrel Dressel**

Mailing Address 149 West Main St

City  
New Iberia

State  
LA

Zip Code  
70560-3732

Purpose of Disbursement  
Office Rent

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B27D8F267E6224C48B5B

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

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

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

1005.75

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

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 104 / 195

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

**A.** Mrs. Shirley Luent

Mailing Address 4618 Freyou Rd

City  
New IberiaState  
LAZip Code  
70560-7916Purpose of Disbursement  
Office Cleaning

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B8CABCF9BFF7942EDB2B

Date of Disbursement

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

Amount of Each Disbursement this Period

100.00

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

Full Name (Last, First, Middle Initial)

**B.** Federal Election Commission

Mailing Address P.O. Box 952182

City  
St.LouisState  
MOZip Code  
63195-2182Purpose of Disbursement  
Penalty

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BFFAB881084AE4A47AD9

Date of Disbursement

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

Amount of Each Disbursement this Period

5800.00

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

Full Name (Last, First, Middle Initial)

**C.** J.M. Landry and Associates Inc

Mailing Address P O Box 990

City  
BroussardState  
LAZip Code  
70518-0990Purpose of Disbursement  
Political Consulting Retainer

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B535042A0650D4499A88

Date of Disbursement

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

Amount of Each Disbursement this Period

7500.00

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

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

13400.00

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

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 105 / 195

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

**A.**

Full Name (Last, First, Middle Initial)

Bellsouth

Mailing Address P.O.Box 105262

City  
AtlantaState  
GAZip Code  
30348-5262

Purpose of Disbursement

Telephone Expenses

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B7700A30EF3284EA2B75

Date of Disbursement

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

Amount of Each Disbursement this Period

600.53
--------

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

Full Name (Last, First, Middle Initial)

J.M. Landry and Associates Inc

Mailing Address P O Box 990

City  
BroussardState  
LAZip Code  
70518-0990

Purpose of Disbursement

Political Consulting Fees

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BFB3D207FBEEA41D0B68

Date of Disbursement

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

Amount of Each Disbursement this Period

1100.00
---------

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

Full Name (Last, First, Middle Initial)

Sir Speedy Printing Centers

Mailing Address 910 South Lewis Street

City  
New IberiaState  
LAZip Code  
70560

Purpose of Disbursement

Printing Services

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BE65BAF9244EF43AEA34

Date of Disbursement

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

Amount of Each Disbursement this Period

97.65
-------

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

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

1798.18

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 106 / 195

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

**A.** Mr. Wesley A. Gautreaux

Mailing Address 109 East Dr

City State Zip Code  
 New Iberia LA 70560

Purpose of Disbursement

Mileage & Expenses-See attached

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B550A659549DF44D9858

Date of Disbursement

08 / 01 / 2006

Amount of Each Disbursement this Period

226.05

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

Full Name (Last, First, Middle Initial)

**B.** UST Group Services

Mailing Address P.O. Box 990

City State Zip Code  
 Broussard LA 70518

Purpose of Disbursement

Salaries/Benefits

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** BB47FFB1DFD324F69AE4

Date of Disbursement

08 / 01 / 2006

Amount of Each Disbursement this Period

8994.00

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

Full Name (Last, First, Middle Initial)

**C.** Ms. Mallory Lynn Mayeux

Mailing Address 3942 Gourrier Ave Apt 231

City State Zip Code  
 Baton Rouge LA 70808-4485

Purpose of Disbursement

Mileage & Expenses-See attached

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** BFE2F99524BE44DF6AF5

Date of Disbursement

08 / 01 / 2006

Amount of Each Disbursement this Period

733.12

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

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

9953.17

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

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 107 / 195

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

**A. UST Group Services**

Mailing Address P.O. Box 990

City  
BroussardState  
LAZip Code  
70518Purpose of Disbursement  
Salaries/Benefits

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B4DC3A02E00B74A2D90D

Date of Disbursement

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

Amount of Each Disbursement this Period

16119.51

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

Full Name (Last, First, Middle Initial)

**B. UST Group Services**

Mailing Address P.O. Box 990

City  
BroussardState  
LAZip Code  
70518Purpose of Disbursement  
Taxes & Employee Salaries

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B8AFEE2F26FDD4319A5C

Date of Disbursement

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

Amount of Each Disbursement this Period

1173.13

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Ms. Mallory Lynn Mayeux**

Mailing Address 3942 Gourrier Ave Apt 231

City  
Baton RougeState  
LAZip Code  
70808-4485Purpose of Disbursement  
Employee Salary

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B88FD5C3E780140B6AE0

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

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

16119.51

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 108 / 195

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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

Full Name (Last, First, Middle Initial)

**A. Mrs. Darlene H. Barras**

Mailing Address 2205 Kramer Dr

City State Zip Code  
 New Iberia LA 70560-7024

Purpose of Disbursement  
 Employee Salary

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: B9D396451B11E4A08A47**

Date of Disbursement

08 / 01 / 2006

Amount of Each Disbursement this Period

1046.96

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

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Miss Sarah Romero**

Mailing Address PO Box 10832

City State Zip Code  
 New Iberia LA 70562-0832

Purpose of Disbursement  
 Employee Salary

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: B3B3E79B4220540B0A05**

Date of Disbursement

08 / 01 / 2006

Amount of Each Disbursement this Period

273.91

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

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Mr. Dean Bouzigard**

Mailing Address PO Box 13657

City State Zip Code  
 New Iberia LA 70562-3657

Purpose of Disbursement  
 Employee Salary

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: B9830F6849F26428AA00**

Date of Disbursement

08 / 01 / 2006

Amount of Each Disbursement this Period

600.00

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

**[MEMO ITEM]**

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

0.00

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

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 109 / 195

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

**A.** Mr. Sean P. DiSomma

Mailing Address 452 Ridgewood Blvd

City  
Washington TapState  
NJZip Code  
07676Purpose of Disbursement  
Employee Salary

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B068EFD12CD1F4454BF5

Date of Disbursement

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

Amount of Each Disbursement this Period

1850.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B.** Mr. Wallace Vicknair, Jr.

Mailing Address 13802 Bayou Terrace Dr

City  
St AmantState  
LAZip Code  
70774Purpose of Disbursement  
Employee Salary

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BD496DBA339854C1EBF4

Date of Disbursement

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

Amount of Each Disbursement this Period

1500.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C.** Miss Brooke Sorci

Mailing Address 709 Emmeline St.

City  
New IberiaState  
LAZip Code  
70563-2205Purpose of Disbursement  
Employee Salary

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B89223FF708704830A87

Date of Disbursement

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

Amount of Each Disbursement this Period

1550.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 110 / 195

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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

Full Name (Last, First, Middle Initial)

## **A. Cingular Wireless**

Mailing Address P.O. Box 650584

City Dallas State TX Zip Code 75265-0584

Purpose of Disbursement  
 Cell Phone Expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** BCF6B7778EBFC4E81978

Date of Disbursement

08 / 01 / 2006

Amount of Each Disbursement this Period

98.69

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

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

## **B. UST Group Services**

Mailing Address P.O. Box 990

City Broussard State LA Zip Code 70518

Purpose of Disbursement  
 Taxes & Employee Salaries

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B96E29F8BABB54D1CA4C

Date of Disbursement

08 / 01 / 2006

Amount of Each Disbursement this Period

1113.77

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

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

## **C. UST Group Services**

Mailing Address P.O. Box 990

City Broussard State LA Zip Code 70518

Purpose of Disbursement  
 Taxes & Employee Salaries

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B485C484A4ED24850AD0

Date of Disbursement

08 / 01 / 2006

Amount of Each Disbursement this Period

124.14

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

**[MEMO ITEM]**

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 111 / 195

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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

Full Name (Last, First, Middle Initial)

**A. UST Group Services**

Mailing Address P.O. Box 990

City Broussard State LA Zip Code 70518

Purpose of Disbursement  
 Taxes & Employee Salaries

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B9B2E52D0FE2640129AD

Date of Disbursement

/   /

Amount of Each Disbursement this Period

864.63

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

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Mrs. Darlene H. Barras**

Mailing Address 2205 Kramer Dr

City New Iberia State LA Zip Code 70560-7024

Purpose of Disbursement  
 Employee Salary

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B73CE17E9C45045EA90F

Date of Disbursement

/   /

Amount of Each Disbursement this Period

495.43

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

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Mrs. Darlene H. Barras**

Mailing Address 2205 Kramer Dr

City New Iberia State LA Zip Code 70560-7024

Purpose of Disbursement  
 Employee Salary

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B1FCB2136956B414C936

Date of Disbursement

/   /

Amount of Each Disbursement this Period

584.24

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

**[MEMO ITEM]**

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 112 / 195

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

**A.** Mrs. Myra Prince

Mailing Address PO Box 433

City  
Lydia

State  
LA

Zip Code  
70569

Purpose of Disbursement  
Employee Salary

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B4E701B4041334AB3BCE

Date of Disbursement

/   /

Amount of Each Disbursement this Period

280.00

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

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B.** Mrs. Myra Prince

Mailing Address PO Box 433

City  
Lydia

State  
LA

Zip Code  
70569

Purpose of Disbursement  
Employee Salary

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B1E42DE06E3E94F298D9

Date of Disbursement

/   /

Amount of Each Disbursement this Period

280.00

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

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C.** Mrs. Darlene H. Barras

Mailing Address 2205 Kramer Dr

City  
New Iberia

State  
LA

Zip Code  
70560-7024

Purpose of Disbursement  
Employee Salary

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B2874E496D93F4510B1A

Date of Disbursement

/   /

Amount of Each Disbursement this Period

757.17

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

**[MEMO ITEM]**

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

0.00

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

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 113 / 195

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

**A.** Mr. Dean Bouzigard

Mailing Address PO Box 13657

City  
New IberiaState  
LAZip Code  
70562-3657Purpose of Disbursement  
Employee Salary

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BF271652BF1FB4A3A901

Date of Disbursement

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

Amount of Each Disbursement this Period

600.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B.** Miss Sarah Romero

Mailing Address PO Box 10832

City  
New IberiaState  
LAZip Code  
70562-0832Purpose of Disbursement  
Employee Salary

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B70D004F3FF434C67BFF

Date of Disbursement

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

Amount of Each Disbursement this Period

52.17

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C.** Mr. Wallace Vicknair, Jr.

Mailing Address 13802 Bayou Terrace Dr

City  
St AmantState  
LAZip Code  
70774Purpose of Disbursement  
Employee Salary

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BEEC10326295F407FA40

Date of Disbursement

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

Amount of Each Disbursement this Period

1500.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional) .....

0.00

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

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 114 / 195

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

**A.** Miss Brooke Sorci

Mailing Address 709 Emmeline St.

City	State	Zip Code
New Iberia	LA	70563-2205

Purpose of Disbursement  
Employee Salary

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B482F9167019E4C34990

Date of Disbursement

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

Amount of Each Disbursement this Period

1550.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B.** Ms. Mallory Lynn Mayeux

Mailing Address 3942 Gourrier Ave Apt 231

City	State	Zip Code
Baton Rouge	LA	70808-4485

Purpose of Disbursement  
Employee Salary

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B71B0495FEEC241FBB65

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C.** Miss Brooke Sorci

Mailing Address 709 Emmeline St.

City	State	Zip Code
New Iberia	LA	70563-2205

Purpose of Disbursement  
Employee Salary

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BDB36F61127D64D64846

Date of Disbursement

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

Amount of Each Disbursement this Period

1550.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

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

0.00

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

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 115 / 195

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

**A.** Mr. Wallace Vicknair, Jr.

Mailing Address 13802 Bayou Terrace Dr

City  
St AmantState  
LAZip Code  
70774Purpose of Disbursement  
Employee Salary

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B72C393D93613455AA7C

Date of Disbursement

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

Amount of Each Disbursement this Period

1500.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B.** Mr. Sean P. DiSomma

Mailing Address 452 Ridgewood Blvd

City  
Washington TapState  
NJZip Code  
07676Purpose of Disbursement  
Employee Salary

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BAE971E49269143C9A22

Date of Disbursement

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

Amount of Each Disbursement this Period

1850.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C.** Mr. Sean P. DiSomma

Mailing Address 452 Ridgewood Blvd

City  
Washington TapState  
NJZip Code  
07676Purpose of Disbursement  
Employee Salary

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B18755ED9DB494D469DD

Date of Disbursement

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

Amount of Each Disbursement this Period

1850.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 116 / 195

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

## **A. Chiasson General Repair**

Mailing Address 360 Adams St.

City  
Raceland

State  
LA

Zip Code  
70394

Purpose of Disbursement

Auto Repair

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B422D025728994CA59FA

Date of Disbursement

08 / 03 / 2006

Amount of Each Disbursement this Period

401.92

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

Full Name (Last, First, Middle Initial)

## **B. Louisiana Secretary of State**

Mailing Address PO Box 94125

City  
Baton Rouge

State  
LA

Zip Code  
70804-9125

Purpose of Disbursement

Candidate Qualifying Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B5B9AAABFF1BE43E6886

Date of Disbursement

08 / 07 / 2006

Amount of Each Disbursement this Period

900.00

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

Full Name (Last, First, Middle Initial)

## **C. KANE Radio**

Mailing Address 2316 E. Main St.

City  
New Iberia

State  
LA

Zip Code  
70560

Purpose of Disbursement

Radio Advertisement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BEF6771437A3A4E18938

Date of Disbursement

08 / 09 / 2006

Amount of Each Disbursement this Period

750.00

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

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

2051.92

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 117 / 195

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

## **A. Cajun Clear Mountain**

Mailing Address Hwy.182  
P.O. Box 70

City Baldwin State LA Zip Code 70514

Purpose of Disbursement  
Office Expenses - Drinking Water

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B46BB35CAF9BA4779953

Date of Disbursement

08 / 09 / 2006

Amount of Each Disbursement this Period

52.62

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

Full Name (Last, First, Middle Initial)

## **B. Sir Speedy Printing Centers**

Mailing Address 910 South Lewis Street

City New Iberia State LA Zip Code 70560

Purpose of Disbursement  
Printing Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B78DB30706C4E475B8DF

Date of Disbursement

08 / 09 / 2006

Amount of Each Disbursement this Period

184.45

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

Full Name (Last, First, Middle Initial)

## **C. Cingular Wireless**

Mailing Address P.O. Box 650584

City Dallas State TX Zip Code 75265-0584

Purpose of Disbursement  
Cell Phone Expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B58C58E3E6D584A58922

Date of Disbursement

08 / 09 / 2006

Amount of Each Disbursement this Period

647.52

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

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

884.59

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

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 118 / 195

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

**A. Bellwether Consulting Group**

Mailing Address 815 Slaters Lane

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Political Fundraising Retainer

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BC243F056B23648A5BD0

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	9		2	0	0	6

Amount of Each Disbursement this Period

1000.00

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

Full Name (Last, First, Middle Initial)

**B. Bellwether Consulting Group**

Mailing Address 815 Slaters Lane

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Fundraiser Commission

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B14D59A75318F42C3A99

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	9		2	0	0	6

Amount of Each Disbursement this Period

2500.00

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

Full Name (Last, First, Middle Initial)

**C. Inzerella, Feldman, et al**

Mailing Address

City New Iberia State LA Zip Code

Purpose of Disbursement  
CPA Fees

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B17A1F3E2731A44A48EE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	9		2	0	0	6

Amount of Each Disbursement this Period

2107.50

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

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

5607.50

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

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 119 / 195

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

**A. Public Opinion Strategies L.L.C.**

Mailing Address 214 North Fayette St.

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

Phone Survey

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B110A0C05A6A041C398D

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	9		2	0	0	6

Amount of Each Disbursement this Period

26000.00

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

Full Name (Last, First, Middle Initial)

**B. Political Solutions, Inc.**Mailing Address 5101 MacArthur Blvd.  
Suite 200

City Washington State DC Zip Code 20016

Purpose of Disbursement

Political Consulting Fees

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B42C781443C9847CAAB2

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	9		2	0	0	6

Amount of Each Disbursement this Period

5685.47

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

Full Name (Last, First, Middle Initial)

**C. J.M. Landry and Associates Inc**

Mailing Address P O Box 990

City Broussard State LA Zip Code 70518-0990

Purpose of Disbursement

Prepaid Personnel Expense

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B7978F25DDB864B938E3

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	9		2	0	0	6

Amount of Each Disbursement this Period

27610.00

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

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

59295.47

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 120 / 195

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Mr. Jeffrey M Landry</b>		<b>Transaction ID:</b> BD7359EA87E794D17802 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 9 / 2 0 0 6</div> </div>
Mailing Address <b>PO Box 13816</b>		<b>Amount of Each Disbursement this Period</b> <div>352.11</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City <b>New Iberia</b> State <b>LA</b> Zip Code <b>70562-3816</b>	<div>Category/Type</div>	
Purpose of Disbursement Mileage & Expenses-See attached Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Mr. Wallace Vicknair, Jr.</b>		<b>Transaction ID:</b> B740F4738205C4373A08 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 9 / 2 0 0 6</div> </div>
Mailing Address <b>13802 Bayou Terrace Dr</b>		<b>Amount of Each Disbursement this Period</b> <div>618.42</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City <b>St Amant</b> State <b>LA</b> Zip Code <b>70774</b>	<div>Category/Type</div>	
Purpose of Disbursement Expenses-See attached Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Mr. Sean P. DiSomma</b>		<b>Transaction ID:</b> B55E41F9CBD5F4004AF9 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 9 / 2 0 0 6</div> </div>
Mailing Address <b>452 Ridgewood Blvd</b>		<b>Amount of Each Disbursement this Period</b> <div>413.05</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City <b>Washington Tap</b> State <b>NJ</b> Zip Code <b>07676</b>	<div>Category/Type</div>	
Purpose of Disbursement Mileage & Expenses-See attached Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

**1383.58**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 121 / 195

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

## **A. UST Group Services**

Mailing Address P.O. Box 990

City  
Broussard

State  
LA

Zip Code  
70518

Purpose of Disbursement  
Salary/Benefits Expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** BBA84BB9288E94204851

Date of Disbursement

/   /

Amount of Each Disbursement this Period

84746.00

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

Full Name (Last, First, Middle Initial)

## **B. UST Group Services**

Mailing Address P.O. Box 990

City  
Broussard

State  
LA

Zip Code  
70518

Purpose of Disbursement  
Salary/Benefits Expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B53A198DFDD1848C39E0

Date of Disbursement

/   /

Amount of Each Disbursement this Period

12097.48

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

Full Name (Last, First, Middle Initial)

## **C. Petroleum Club of Morgan City**

Mailing Address P.O. Box 2561

City  
Morgan City

State  
LA

Zip Code  
70381

Purpose of Disbursement  
Fundraising - Catering

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B49A580918B67416A817

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1499.37

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

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

98342.85

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 122 / 195

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

## **A. Spanish Lake Market**

Mailing Address 2518 SP Lake Trail

City State Zip Code  
 New Iberia LA 70560

Purpose of Disbursement

Travel-Gasoline

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BFE889C DFA3FE4B05B12

Date of Disbursement

08 / 10 / 2006

Amount of Each Disbursement this Period

43.00

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **B. WalMart**

Mailing Address Admiral Doyle Dr

City State Zip Code  
 New Iberia LA 70560

Purpose of Disbursement

Travel-Vehicle Maintenance

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BD3AAC8C4840C44BA8DF

Date of Disbursement

08 / 10 / 2006

Amount of Each Disbursement this Period

82.79

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **C. Mrs. Darlene H. Barras**

Mailing Address 2205 Kramer Dr

City State Zip Code  
 New Iberia LA 70560-7024

Purpose of Disbursement

Employee Salary

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BBBE87C02F11C46788D6

Date of Disbursement

08 / 10 / 2006

Amount of Each Disbursement this Period

1000.22

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

[MEMO ITEM]

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 123 / 195

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Mr. Dean Bouzigard</b>		<b>Transaction ID:</b> B7519213F237E442EB90 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 0 / 2 0 0 6</div> </div>	
Mailing Address <b>PO Box 13657</b>		Amount of Each Disbursement this Period <div> <div></div> <div>600.00</div> </div>	
City <b>New Iberia</b> State <b>LA</b> Zip Code <b>70562-3657</b>	Purpose of Disbursement Employee Salary	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	<div> <div></div> <div>600.00</div> </div>
Candidate Name	Category/ Type	<input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/>	
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Mr. David Throckmorton</b>		<b>Transaction ID:</b> BA3F2ECAB7AB44AF3950 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 0 / 2 0 0 6</div> </div>	
Mailing Address <b>P.O. Box 13657</b>		Amount of Each Disbursement this Period <div> <div></div> <div>1625.00</div> </div>	
City <b>New Iberia</b> State <b>LA</b> Zip Code <b>70562-3657</b>	Purpose of Disbursement Employee Salary	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	<div> <div></div> <div>1625.00</div> </div>
Candidate Name	Category/ Type	<input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/>	
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Mr. Sean P. DiSomma</b>		<b>Transaction ID:</b> B011CD60C87614153A00 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 0 / 2 0 0 6</div> </div>	
Mailing Address <b>452 Ridgewod Blvd</b>		Amount of Each Disbursement this Period <div> <div></div> <div>1850.00</div> </div>	
City <b>Washington Tap</b> State <b>NJ</b> Zip Code <b>07676</b>	Purpose of Disbursement Employee Salary	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	<div> <div></div> <div>1850.00</div> </div>
Candidate Name	Category/ Type	<input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/>	
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....		<div> <div></div> <div>0.00</div> </div>	
<b>TOTAL</b> This Period (last page this line number only) .....		<div> <div></div> <div></div> </div>	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 124 / 195

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

**A.** Mr. Wallace Vicknair, Jr.

Mailing Address 13802 Bayou Terrace Dr

City  
St Amant

State  
LA

Zip Code  
70774

Purpose of Disbursement  
Employee Salary

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** BE6F5515A216C490CB21

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1500.00

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

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B.** Mr. David Huguenel, Jr.

Mailing Address 1620 Hickory Ave. Apt. C

City  
Harahan

State  
LA

Zip Code  
70123

Purpose of Disbursement  
Employee Salary

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** BDE2391A255054D38A91

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1068.24

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

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C.** Ms. Mallory Lynn Mayeux

Mailing Address 3942 Gourrier Ave Apt 231

City  
Baton Rouge

State  
LA

Zip Code  
70808-4485

Purpose of Disbursement  
Employee Salary

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B283DC647097B4622B89

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

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

**[MEMO ITEM]**

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 125 / 195

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

**A.** Miss Brooke Sorci

Mailing Address 709 Emmeline St.

City State Zip Code  
 New Iberia LA 70563-2205

Purpose of Disbursement  
 Employee Salary

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** BC865FC5C188D48A5819

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1550.00

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

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B.** Miss Mindy Duplantis

Mailing Address PO Box 13657

City State Zip Code  
 New Iberia LA 70562-3657

Purpose of Disbursement  
 Employee Salary

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B6AA0192D2EE943388E8

Date of Disbursement

/   /

Amount of Each Disbursement this Period

326.09

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

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C.** UST Group Services

Mailing Address P.O. Box 990

City State Zip Code  
 Broussard LA 70518

Purpose of Disbursement  
 Taxes & Employee Salaries

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B0033F241F7F84867B6B

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1577.93

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

**[MEMO ITEM]**

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 126 / 195

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

## **A. Active Network Inc**

Mailing Address 10182 Telesis Court Ste 300

City San Diego State CA Zip Code 92121

Purpose of Disbursement  
Processing Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B41BE8210A0CD4709A94

Date of Disbursement

08 / 11 / 2006

Amount of Each Disbursement this Period

35.25

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

Full Name (Last, First, Middle Initial)

## **B. K R Consulting**

Mailing Address

City State Zip Code

Purpose of Disbursement  
Political Consulting Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BA56AE823A3EC4B07865

Date of Disbursement

08 / 15 / 2006

Amount of Each Disbursement this Period

1800.00

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

Full Name (Last, First, Middle Initial)

## **C. Cox Communications**

Mailing Address 413 Bon Marge Circle

City Lafayette State LA Zip Code 70506

Purpose of Disbursement  
Internet/Video Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B1D8740F4F72E40C7AA2

Date of Disbursement

08 / 17 / 2006

Amount of Each Disbursement this Period

228.85

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

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

2064.10

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 127 / 195

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Mr. Wallace Vicknair, Jr.</b>		<b>Transaction ID:</b> BAA78074B9F1844AB99F <b>Date of Disbursement</b> <div> <div>08</div> <div>17</div> <div>2006</div> </div>	
Mailing Address    13802 Bayou Terrace Dr		Amount of Each Disbursement this Period <div>547.87</div>	
City <b>St Amant</b>	State <b>LA</b>	Zip Code <b>70774</b>	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Expenses-See attached		<div>Category/ Type</div>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:                  District:	Disbursement For:    2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Mr. David Throckmorton</b>		<b>Transaction ID:</b> BC94CC555CC7F46DEA10 <b>Date of Disbursement</b> <div> <div>08</div> <div>17</div> <div>2006</div> </div>	
Mailing Address    P.O. Box 13657		Amount of Each Disbursement this Period <div>108.86</div>	
City <b>New Iberia</b>	State <b>LA</b>	Zip Code <b>70562-3657</b>	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Mileage & Expenses-See attached		<div>Category/ Type</div>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:                  District:	Disbursement For:    2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>WalMart</b>		<b>Transaction ID:</b> BA6B33A8731344FB1A7A <b>Date of Disbursement</b> <div> <div>08</div> <div>17</div> <div>2006</div> </div>	
Mailing Address    Admiral Doyle Dr		Amount of Each Disbursement this Period <div>9.83</div>	
City <b>New Iberia</b>	State <b>LA</b>	Zip Code <b>70560</b>	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Purpose of Disbursement Office Supplies		<div>Category/ Type</div>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:                  District:	Disbursement For:    2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

**656.73**

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

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 128 / 195

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

**A. Spanish Lake Market**

Mailing Address 2518 SP Lake Trail

City	State	Zip Code
New Iberia	LA	70560

Purpose of Disbursement

Travel-Gasoline

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	2006
<input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> General

Transaction ID: BA809D802588144E68FF

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	7		2	0	0	6

Amount of Each Disbursement this Period

66.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53
**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. WalMart**

Mailing Address Admiral Doyle Dr

City	State	Zip Code
New Iberia	LA	70560

Purpose of Disbursement

Office Supplies

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	2006
<input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> General

Transaction ID: B8ADC098FA11E40B3A03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	7		2	0	0	6

Amount of Each Disbursement this Period

4.21

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53
**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Miss Mindy Duplantis**

Mailing Address PO Box 13657

City	State	Zip Code
New Iberia	LA	70562-3657

Purpose of Disbursement

Employee Salary

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	2006
<input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> General

Transaction ID: B87959F7C85E949B8A5B

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	7		2	0	0	6

Amount of Each Disbursement this Period

234.78

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53
**[MEMO ITEM]**

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 129 / 195

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

**A.** Miss Sarah Romero

Mailing Address PO Box 10832

City  
New Iberia

State  
LA

Zip Code  
70562-0832

Purpose of Disbursement  
Employee Salary

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B88B5E2039B6D4217823

Date of Disbursement

/   /

Amount of Each Disbursement this Period

282.07

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

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B.** Mrs. Darlene H. Barras

Mailing Address 2205 Kramer Dr

City  
New Iberia

State  
LA

Zip Code  
70560-7024

Purpose of Disbursement  
Employee Salary

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B4B9ECB6C9CDF4190B98

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1028.26

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

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C.** UST Group Services

Mailing Address P.O. Box 990

City  
Broussard

State  
LA

Zip Code  
70518

Purpose of Disbursement  
Taxes & Employee Salaries

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B1D1400CED8FF42BC819

Date of Disbursement

/   /

Amount of Each Disbursement this Period

231.77

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

**[MEMO ITEM]**

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

0.00

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

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 130 / 195

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

**A.** Roger Broussard Photography

Mailing Address 4300 West Old Spanish Trail

City	State	Zip Code
New Iberia	LA	70560

Purpose of Disbursement  
Photographer Fee

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	2006
<input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> General

Transaction ID: B9284C4B0D4364AFABBE

Date of Disbursement

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

Amount of Each Disbursement this Period

2681.25

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

Full Name (Last, First, Middle Initial)

**B.** Mr. Wesley A. Gautreaux

Mailing Address 109 East Dr

City	State	Zip Code
New Iberia	LA	70560

Purpose of Disbursement  
Mileage & Expenses-See attached

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	2006
<input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> General

Transaction ID: BAC523399CBB547B0835

Date of Disbursement

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

Amount of Each Disbursement this Period

146.94

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

Full Name (Last, First, Middle Initial)

**C.** Ms. Mallory Lynn Mayeux

Mailing Address 3942 Gourrier Ave Apt 231

City	State	Zip Code
Baton Rouge	LA	70808-4485

Purpose of Disbursement  
Travel Expense-Mileage

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	2006
<input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> General

Transaction ID: B69C95871B0DD4302A88

Date of Disbursement

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

Amount of Each Disbursement this Period

171.40

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

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

2999.59

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 131 / 195

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

**A.** Mr. Sean P. DiSomma

Mailing Address 452 Ridgewood Blvd

City  
Washington Tap

State  
NJ

Zip Code  
07676

Purpose of Disbursement  
Travel Expense-Mileage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B07549B19576B4E0F8BA

Date of Disbursement

/   /

Amount of Each Disbursement this Period

108.56

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

Full Name (Last, First, Middle Initial)

**B.** Big Sports Consulting

Mailing Address 404 Sterling St.

City  
Breaux Bridge

State  
LA

Zip Code  
70517

Purpose of Disbursement  
Radio Advertisement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B8C4139E8F2E74686841

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1250.00

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

Full Name (Last, First, Middle Initial)

**C.** A + Signs

Mailing Address 227 Palm Ave.

City  
Larose

State  
LA

Zip Code  
70373

Purpose of Disbursement  
Signs/Stickers

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** BFB643FFBA8E64E18A9E

Date of Disbursement

/   /

Amount of Each Disbursement this Period

9569.77

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

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

10928.33

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 132 / 195

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

**A.** Mr. David Throckmorton

Mailing Address P.O. Box 13657

City  
New Iberia

State  
LA

Zip Code  
70562-3657

Purpose of Disbursement

Mileage & Expenses-See attached

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B5DBC5F5B3E314E4B9EC

Date of Disbursement

/   /

Amount of Each Disbursement this Period

216.90

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

Full Name (Last, First, Middle Initial)

**B.** Mr. David Huguenel, Jr.

Mailing Address 1620 Hickory Ave. Apt. C

City  
Harahan

State  
LA

Zip Code  
70123

Purpose of Disbursement

Expenses-See attached

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B1DC7703C61EF4681B06

Date of Disbursement

/   /

Amount of Each Disbursement this Period

0.00

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

Full Name (Last, First, Middle Initial)

**C.** WalMart

Mailing Address Admiral Doyle Dr

City  
New Iberia

State  
LA

Zip Code  
70560

Purpose of Disbursement

Office Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** BE2024DB908334DAA9DF

Date of Disbursement

/   /

Amount of Each Disbursement this Period

12.89

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

**[MEMO ITEM]**

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

216.90

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 133 / 195

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

## **A. UST Group Services**

Mailing Address P.O. Box 990

City  
Broussard

State  
LA

Zip Code  
70518

Purpose of Disbursement  
Taxes & Employee Salaries

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B6CDFD317F4994C75845

Date of Disbursement

08 / 24 / 2006

Amount of Each Disbursement this Period

150.78

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **B. Mrs. Darlene H. Barras**

Mailing Address 2205 Kramer Dr

City  
New Iberia

State  
LA

Zip Code  
70560-7024

Purpose of Disbursement  
Employee Salary

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B8A059519F86B4BC691A

Date of Disbursement

08 / 24 / 2006

Amount of Each Disbursement this Period

822.61

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **C. Miss Mindy Duplantis**

Mailing Address PO Box 13657

City  
New Iberia

State  
LA

Zip Code  
70562-3657

Purpose of Disbursement  
Employee Salary

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B8BD9C9888C4447C59D4

Date of Disbursement

08 / 24 / 2006

Amount of Each Disbursement this Period

182.61

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

[MEMO ITEM]

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 134 / 195

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

## **A. Active Network Inc**

Mailing Address 10182 Telesis Court Ste 300

City San Diego State CA Zip Code 92121

Purpose of Disbursement  
Processing Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BF96F408F19F847459F2

Date of Disbursement

08 / 25 / 2006

Amount of Each Disbursement this Period

496.00

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

Full Name (Last, First, Middle Initial)

## **B. College Republicans at LSU**

Mailing Address PO Box 18401

City Baton Rouge State LA Zip Code 70893

Purpose of Disbursement  
Event Sponsorship

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B8BAF1B94DC5C4CC3BCA

Date of Disbursement

08 / 29 / 2006

Amount of Each Disbursement this Period

300.00

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

Full Name (Last, First, Middle Initial)

## **C. Political Solutions, Inc.**

Mailing Address 5101 MacArthur Blvd.  
Suite 200

City Washington State DC Zip Code 20016

Purpose of Disbursement  
Political Consulting Fee/Media Broadcast

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B16223442C19A436A971

Date of Disbursement

08 / 29 / 2006

Amount of Each Disbursement this Period

7155.81

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

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

7951.81

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 135 / 195

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

**A.** Mrs. Shirley Luent

Mailing Address 4618 Freyou Rd

City State Zip Code  
 New Iberia LA 70560-7916

Purpose of Disbursement

Office Cleaning

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B999E19719A7E4DFC909

Date of Disbursement

/   /

Amount of Each Disbursement this Period

100.00

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

Full Name (Last, First, Middle Initial)

**B.** Mr. Terrel Dressel

Mailing Address 149 West Main St

City State Zip Code  
 New Iberia LA 70560-3732

Purpose of Disbursement

Office Rent

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** BBC7E921A466A4DAA862

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

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

Full Name (Last, First, Middle Initial)

**C.** Shamrock Office Supply

Mailing Address 416 S Main St

City State Zip Code  
 St Martinville LA 70582

Purpose of Disbursement

Office Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** BDDF24527E9D84DE5B81

Date of Disbursement

/   /

Amount of Each Disbursement this Period

181.47

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

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

1281.47

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

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 136 / 195

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

**A.** The Law Firm of JM Landry, LLC

Mailing Address P.O. Box 990

City  
BroussardState  
LAZip Code  
70518Purpose of Disbursement  
FEC Compliance Work

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B1C45B870CE0C493996B

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	0	6

Amount of Each Disbursement this Period

750.00

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

Full Name (Last, First, Middle Initial)

**B.** J.M. Landry and Associates Inc

Mailing Address P O Box 990

City  
BroussardState  
LAZip Code  
70518-0990Purpose of Disbursement  
Political Consulting Fees

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B800FFE3450634945A37

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	0	6

Amount of Each Disbursement this Period

1100.00

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

Full Name (Last, First, Middle Initial)

**C.** Mr. Sean P. DiSomma

Mailing Address 452 Ridgewood Blvd

City  
Washington TapState  
NJZip Code  
07676Purpose of Disbursement  
Mileage & Expenses-See attached

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B69180D7004C04367B89

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	0	6

Amount of Each Disbursement this Period

263.00

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

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

2113.00

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

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 137 / 195

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

**A.** Mr. Wesley A. Gautreaux

Mailing Address 109 East Dr

City	State	Zip Code
New Iberia	LA	70560

Purpose of Disbursement

Mileage &amp; Expenses-See attached

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	2006
<input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> General

Transaction ID: B0B0050BBB8DF4BEFB85

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	0	6

Amount of Each Disbursement this Period

146.05

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

Full Name (Last, First, Middle Initial)

**B.** Mr. Wallace Vicknair, Jr.

Mailing Address 13802 Bayou Terrace Dr

City	State	Zip Code
St Amant	LA	70774

Purpose of Disbursement

Expenses-See attached

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	2006
<input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> General

Transaction ID: B5856C7131A304C739C7

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	0	6

Amount of Each Disbursement this Period

656.00

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

Full Name (Last, First, Middle Initial)

**C.** Mr. Jeffrey M Landry

Mailing Address PO Box 13816

City	State	Zip Code
New Iberia	LA	70562-3816

Purpose of Disbursement

Campaign Computer-See attached

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	2006
<input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> General

Transaction ID: B413F3D70459D472C802

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	0	6

Amount of Each Disbursement this Period

778.87

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

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

1580.92

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

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 138 / 195

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

**A.** J.M. Landry and Associates Inc

Mailing Address P O Box 990

City  
BroussardState  
LAZip Code  
70518-0990Purpose of Disbursement  
Expenses-See attached

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B6CE86DAEFEC54E0ABEF

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	0	6

Amount of Each Disbursement this Period

695.18

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

Full Name (Last, First, Middle Initial)

**B.** Mr. David Throckmorton

Mailing Address P.O. Box 13657

City  
New IberiaState  
LAZip Code  
70562-3657Purpose of Disbursement  
Mileage & Expenses-See attached

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B4C7AEDE9C7B3470DB8D

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	0	6

Amount of Each Disbursement this Period

217.96

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

Full Name (Last, First, Middle Initial)

**C.** WalMart

Mailing Address Admiral Doyle Dr

City  
New IberiaState  
LAZip Code  
70560Purpose of Disbursement  
Cell Phone Expense

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B0A9AE244032B45D6AC3

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	0	6

Amount of Each Disbursement this Period

8.66

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

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

913.14

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 139 / 195

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

**A.** USPS

Mailing Address Dale St

City State Zip Code  
 New Iberia LA 70560

Purpose of Disbursement  
 Office Expense-Postage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B92B112556CEA4509AB0

Date of Disbursement

08 / 29 / 2006

Amount of Each Disbursement this Period

585.00

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

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B.** Magic Video & Appliance

Mailing Address 912 South Lewis Street

City State Zip Code  
 New Iberia LA 70560

Purpose of Disbursement  
 Office Expense-Video

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B1DE03730335144D7970

Date of Disbursement

08 / 29 / 2006

Amount of Each Disbursement this Period

12.95

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

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C.** Spanish Lake Market

Mailing Address 2518 SP Lake Trail

City State Zip Code  
 New Iberia LA 70560

Purpose of Disbursement  
 Travel-Gasoline

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B4AB4EA4828F24778B27

Date of Disbursement

08 / 29 / 2006

Amount of Each Disbursement this Period

97.23

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

**[MEMO ITEM]**

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 140 / 195

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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

Full Name (Last, First, Middle Initial)

**A. WalMart**

Mailing Address **Admiral Doyle Dr**

City **New Iberia** State **LA** Zip Code **70560**

Purpose of Disbursement  
**Office Supplies**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: BF90C7B45FA2248FCAC1**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**32.12**

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

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Ms. Dayna S. Walker**

Mailing Address **PO Box 13657**

City **New Iberia** State **LA** Zip Code **70562**

Purpose of Disbursement  
**Employee Salary**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: B9509AF7F73244D4DB9B**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**280.00**

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

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Mrs. Darlene H. Barras**

Mailing Address **2205 Kramer Dr**

City **New Iberia** State **LA** Zip Code **70560-7024**

Purpose of Disbursement  
**Employee Salary**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: BB971B90DC5F24DAFBD9**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**1070.33**

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

**[MEMO ITEM]**

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

**0.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 141 / 195

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

**A.** Mr. David Throckmorton

Mailing Address P.O. Box 13657

City State Zip Code  
 New Iberia LA 70562-3657

Purpose of Disbursement  
 Employee Salary

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B691BB1B86E7F4AE8992

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1625.00

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

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B.** Miss Brooke Sorci

Mailing Address 709 Emmeline St.

City State Zip Code  
 New Iberia LA 70563-2205

Purpose of Disbursement  
 Employee Salary

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** BF5EEBD60D5384A1CBBB

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1550.00

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

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C.** Ms. Mallory Lynn Mayeux

Mailing Address 3942 Gourrier Ave Apt 231

City State Zip Code  
 Baton Rouge LA 70808-4485

Purpose of Disbursement  
 Employee Salary

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** BA9B55898E854437993F

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

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

**[MEMO ITEM]**

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

0.00

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

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 142 / 195

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

**A.** Mr. Wallace Vicknair, Jr.

Mailing Address 13802 Bayou Terrace Dr

City  
St AmantState  
LAZip Code  
70774Purpose of Disbursement  
Employee Salary

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B133D27C383774F12B0B

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	6

Amount of Each Disbursement this Period

1500.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B.** Mr. Sean P. DiSomma

Mailing Address 452 Ridgewood Blvd

City  
Washington TapState  
NJZip Code  
07676Purpose of Disbursement  
Employee salary

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B10144961832449A8998

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	6

Amount of Each Disbursement this Period

1850.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C.** Mr. David Huguenel, Jr.

Mailing Address 1620 Hickory Ave. Apt. C

City  
HarahanState  
LAZip Code  
70123Purpose of Disbursement  
Employee Salary

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BBD274AE457C642FB83B

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	6

Amount of Each Disbursement this Period

700.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

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

0.00

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

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 143 / 195

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

**A. UST Group Services**

Mailing Address P.O. Box 990

City  
BroussardState  
LAZip Code  
70518Purpose of Disbursement  
Taxes & Employee Salaries

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BB205643033F541AB922

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	6

Amount of Each Disbursement this Period

1436.30

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53
**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Miss Sarah Romero**

Mailing Address PO Box 10832

City  
New IberiaState  
LAZip Code  
70562-0832Purpose of Disbursement  
Employee Salary

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BFE1864C52CBF4EA7BB7

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	1		2	0	0	6

Amount of Each Disbursement this Period

167.94

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53
**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Sentinel 21**

Mailing Address 725 Parlange Dr

City  
Baton RougeState  
LAZip Code  
70806Purpose of Disbursement  
Get Out The Vote Effort

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BDF115D540253431AA5B

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	5		2	0	0	6

Amount of Each Disbursement this Period

12500.00

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

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

12500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 144 / 195

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

## **A. UST Group Services**

Mailing Address P.O. Box 990

City  
Broussard

State  
LA

Zip Code  
70518

Purpose of Disbursement  
Taxes & Employee Salaries

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B0BC8B18099304400A90

Date of Disbursement

/   /

Amount of Each Disbursement this Period

190.63

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **B. Mrs. Darlene H. Barras**

Mailing Address 2205 Kramer Dr

City  
New Iberia

State  
LA

Zip Code  
70560-7024

Purpose of Disbursement  
Employee Salary

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BE7ACBFF14F374BF3BA2

Date of Disbursement

/   /

Amount of Each Disbursement this Period

990.87

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **C. Ms. Dayna S. Walker**

Mailing Address PO Box 13657

City  
New Iberia

State  
LA

Zip Code  
70562

Purpose of Disbursement  
Employee Salary

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B3A34F68771BB47268AA

Date of Disbursement

/   /

Amount of Each Disbursement this Period

280.00

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

[MEMO ITEM]

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 145 / 195

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

## **A. Active Network Inc**

Mailing Address 10182 Telesis Court Ste 300

City San Diego State CA Zip Code 92121

Purpose of Disbursement  
Processing Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BE9E1A0AAE4A5475FA85

Date of Disbursement

09 / 08 / 2006

Amount of Each Disbursement this Period

14.83

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

Full Name (Last, First, Middle Initial)

## **B. Donna Trahan**

Mailing Address 511 Candle Glow Dr

City New Iberia State LA Zip Code 70563-0916

Purpose of Disbursement  
Commission - Fund Raiser

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B0C3F37FBAAC84AAA81E

Date of Disbursement

09 / 08 / 2006

Amount of Each Disbursement this Period

900.00

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

Full Name (Last, First, Middle Initial)

## **C. Mr. Sean P. DiSomma**

Mailing Address 452 Ridgewood Blvd

City Washington Tap State NJ Zip Code 07676

Purpose of Disbursement  
Travel Expense-Mileage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B4392DD06C6FC4461BEE

Date of Disbursement

09 / 10 / 2006

Amount of Each Disbursement this Period

141.45

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

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

1056.28

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 146 / 195

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

## **A. Metro Press Clipping Bureau**

Mailing Address P.O. Box 1929

City  
Denham Springs

State  
LA

Zip Code  
70727-1929

Purpose of Disbursement  
Press Clips

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B7E032DB64CAC4D27B87

Date of Disbursement

09 / 10 / 2006

Amount of Each Disbursement this Period

348.50

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

Full Name (Last, First, Middle Initial)

## **B. Iberia Office Supply, Inc.**

Mailing Address 1110 Center Street  
P.O.Box 9898

City  
New Iberia

State  
LA

Zip Code  
70560

Purpose of Disbursement  
Office Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B5B3653AD1A6946CCAC3

Date of Disbursement

09 / 10 / 2006

Amount of Each Disbursement this Period

544.68

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

Full Name (Last, First, Middle Initial)

## **C. Bellwether Consulting Group**

Mailing Address 815 Slaters Lane

City  
Alexandria

State  
VA

Zip Code  
22314

Purpose of Disbursement  
Political Fundraising Retainer

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** BF699EDAB11794B77AC7

Date of Disbursement

09 / 10 / 2006

Amount of Each Disbursement this Period

1000.00

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

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

1893.18

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 147 / 195

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

## **A. Cox Communications**

Mailing Address 413 Bon Mange Circle

City State Zip Code  
Lafayette LA 70506

Purpose of Disbursement  
Internet/Video Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B07D378DA24F740E89A9

Date of Disbursement

09 / 10 / 2006

Amount of Each Disbursement this Period

228.85

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

Full Name (Last, First, Middle Initial)

## **B. USPS**

Mailing Address Dale St

City State Zip Code  
New Iberia LA 70560

Purpose of Disbursement  
Office Expense-Box rental

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BE528230401F0413ABD6

Date of Disbursement

09 / 10 / 2006

Amount of Each Disbursement this Period

36.00

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

Full Name (Last, First, Middle Initial)

## **C. Cingular**

Mailing Address Admiral Doyle Dr

City State Zip Code  
New Iberia LA 70560

Purpose of Disbursement  
Cell Phone Service

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BE8AA4C485C4F41E5A82

Date of Disbursement

09 / 10 / 2006

Amount of Each Disbursement this Period

618.81

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

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

883.66

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 148 / 195

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

**A.** Cajun Clear Mountain

Mailing Address Hwy.182  
P.O. Box 70

City Baldwin State LA Zip Code 70514

Purpose of Disbursement  
Office Expenses-Drinking Water

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** BF1FA2BED26F74DCBA89

Date of Disbursement

09 / 10 / 2006

Amount of Each Disbursement this Period

52.08

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

Full Name (Last, First, Middle Initial)

**B.** Mr. Wesley A. Gautreaux

Mailing Address 109 East Dr

City New Iberia State LA Zip Code 70560

Purpose of Disbursement  
Mileage & Expenses-See attached

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B508E9FD7BB054E098B9

Date of Disbursement

09 / 10 / 2006

Amount of Each Disbursement this Period

369.14

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

Full Name (Last, First, Middle Initial)

**C.** Mr. Wallace Vicknair, Jr.

Mailing Address 13802 Bayou Terrace Dr

City St Amant State LA Zip Code 70774

Purpose of Disbursement  
Expenses-See attached

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B220A5C7305E24036A64

Date of Disbursement

09 / 10 / 2006

Amount of Each Disbursement this Period

323.17

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

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

744.39

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 149 / 195

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

**A.** Mr. David Throckmorton

Mailing Address P.O. Box 13657

City State Zip Code  
 New Iberia LA 70562-3657

Purpose of Disbursement

Mileage & Expenses-See attached

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

**Transaction ID:** BA2EE2B4E67D24376996

Date of Disbursement

/   /

Amount of Each Disbursement this Period

192.09

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

Full Name (Last, First, Middle Initial)

**B.** Cingular

Mailing Address Admiral Doyle Dr

City State Zip Code  
 New Iberia LA 70560

Purpose of Disbursement

Cell phone expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

**Transaction ID:** B07A2DC9670024968A0C

Date of Disbursement

/   /

Amount of Each Disbursement this Period

119.98

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

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C.** Spanish Lake Market

Mailing Address 2518 SP Lake Trail

City State Zip Code  
 New Iberia LA 70560

Purpose of Disbursement

Travel-Gasoline

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

**Transaction ID:** BFF18B30BC16F4F90B14

Date of Disbursement

/   /

Amount of Each Disbursement this Period

55.89

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

**[MEMO ITEM]**

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

192.09

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

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 150 / 195

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

**A.** WalMart

Mailing Address Admiral Doyle Dr

City	State	Zip Code
New Iberia	LA	70560

Purpose of Disbursement

Office Supplies

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	2006
<input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> General

Transaction ID: B4613D46F304C48CFA8B

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	0	6

Amount of Each Disbursement this Period

31.67

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53
**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B.** Sir Speedy Printing Centers

Mailing Address 910 South Lewis Street

City	State	Zip Code
New Iberia	LA	70560

Purpose of Disbursement

Printing Services

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	2006
<input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> General

Transaction ID: BB2E3532ABA6440B59B0

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	6

Amount of Each Disbursement this Period

1926.73

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

Full Name (Last, First, Middle Initial)

**C.** Bellsouth

Mailing Address P.O.Box 105262

City	State	Zip Code
Atlanta	GA	30348-5262

Purpose of Disbursement

Telephone Expenses

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	2006
<input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> General

Transaction ID: B68C9E8E68B7442E1B88

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	6

Amount of Each Disbursement this Period

610.00

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

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

2536.73

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 151 / 195

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

**A.** Mr. Gregory Brown

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Political Consulting Fee

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2006

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID:** B62F6A8D7E5F9407CB48

Date of Disbursement

09 / 12 / 2006

Amount of Each Disbursement this Period

550.00

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

Full Name (Last, First, Middle Initial)

**B.** Mr. Alfred Alexander

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Political Consulting Fee

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2006

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID:** B8D993057517D47B2ADE

Date of Disbursement

09 / 12 / 2006

Amount of Each Disbursement this Period

600.00

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

Full Name (Last, First, Middle Initial)

**C.** WalMart

Mailing Address Admiral Doyle Dr

City

New Iberia

State

LA

Zip Code

70560

Purpose of Disbursement

Cell Phone Expense

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2006

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID:** B5619745401D4425796E

Date of Disbursement

09 / 12 / 2006

Amount of Each Disbursement this Period

156.70

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

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

1306.70

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

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 152 / 195

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

**A.** Laris Insurance Agency Inc.

Mailing Address 111 Vacherie Street

City  
LockportState  
LAZip Code  
70374

Purpose of Disbursement

Special Event Expense-Liability Insuranc

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2006

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: B46F6BE69963B4689A1C

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	3		2	0	0	6

Amount of Each Disbursement this Period

441.00

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

Full Name (Last, First, Middle Initial)

**B.** Mr. David Huguenel, Jr.

Mailing Address 1620 Hickory Ave. Apt. C

City  
HarahanState  
LAZip Code  
70123

Purpose of Disbursement

Expenses-See attached

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2006

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: BF49DE56C20DD4DB8817

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	3		2	0	0	6

Amount of Each Disbursement this Period

496.89

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

Full Name (Last, First, Middle Initial)

**C.** Cingular

Mailing Address Admiral Doyle Dr

City  
New IberiaState  
LAZip Code  
70560

Purpose of Disbursement

Cell phone expense

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2006

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: BFA2995C69DF24EEF84B

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	3		2	0	0	6

Amount of Each Disbursement this Period

199.99

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53
**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional) .....

937.89

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 153 / 195

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

**A.** Ms. Mallory Lynn Mayeux

Mailing Address 3942 Gourrier Ave Apt 231

City State Zip Code  
Baton Rouge LA 70808-4485

Purpose of Disbursement  
Employee Salary

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** BC99F391AA4A140899ED

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

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

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B.** Ms. Dayna S. Walker

Mailing Address PO Box 13657

City State Zip Code  
New Iberia LA 70562

Purpose of Disbursement  
Employee Salary

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** BDA6E28661543464685F

Date of Disbursement

/   /

Amount of Each Disbursement this Period

280.00

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

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C.** Mr. Michael Mule'

Mailing Address PO Box 13657

City State Zip Code  
New Iberia LA 70562-3657

Purpose of Disbursement  
Employee Salary

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** BA08ECFA65F5A4AD6ACF

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

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

**[MEMO ITEM]**

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 154 / 195

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

**A.** Mrs. Darlene H. Barras

Mailing Address 2205 Kramer Dr

City  
New Iberia

State  
LA

Zip Code  
70560-7024

Purpose of Disbursement  
Employee Salary

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** BE4ED6BA2A8D741108BC

Date of Disbursement

/   /

Amount of Each Disbursement this Period

902.07

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

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B.** Mr. David Throckmorton

Mailing Address P.O. Box 13657

City  
New Iberia

State  
LA

Zip Code  
70562-3657

Purpose of Disbursement  
Employee Salary

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** BBF83D6BCEF85495D818

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1625.00

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

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C.** Mr. Sean P. DiSomma

Mailing Address 452 Ridgewood Blvd

City  
Washington Tap

State  
NJ

Zip Code  
07676

Purpose of Disbursement  
Employee Salary

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B704AFF6B68D04EB1975

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1850.00

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

**[MEMO ITEM]**

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

0.00

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

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 155 / 195

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

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

**A.** Miss Brooke Sorci

Mailing Address 709 Emmeline St.

City New Iberia	State LA	Zip Code 70563-2205
--------------------	-------------	------------------------

Purpose of Disbursement

Employee Salary

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	2006
<input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> General

Transaction ID: BA3DBE6B6755C4E8D901

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	3		2	0	0	6

Amount of Each Disbursement this Period

1550.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53
**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B.** Mr. Wallace Vicknair, Jr.

Mailing Address 13802 Bayou Terrace Dr

City St Amant	State LA	Zip Code 70774
------------------	-------------	-------------------

Purpose of Disbursement

Employee Salary

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	2006
<input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> General

Transaction ID: B8F9FDC71F60C45FCA71

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	3		2	0	0	6

Amount of Each Disbursement this Period

1500.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53
**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C.** UST Group Services

Mailing Address P.O. Box 990

City Broussard	State LA	Zip Code 70518
-------------------	-------------	-------------------

Purpose of Disbursement  
Taxes & Employee Salaries

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	2006
<input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> General

Transaction ID: B5213B115A5904DC9A2A

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	3		2	0	0	6

Amount of Each Disbursement this Period

1456.06

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53
**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional) .....

0.00

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

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 156 / 195

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

**A.** Political Solutions, Inc.

Mailing Address 5101 MacArthur Blvd.  
Suite 200

City Washington State DC Zip Code 20016

Purpose of Disbursement  
Campaign Material-Brochures

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B53F08CE83D474A22BC3

Date of Disbursement

09 / 14 / 2006

Amount of Each Disbursement this Period

7126.34

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**B.** Political Solutions, Inc.

Mailing Address 5101 MacArthur Blvd.  
Suite 200

City Washington State DC Zip Code 20016

Purpose of Disbursement  
Campaign Material-Brochures

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B2D6B9A112A604274959

Date of Disbursement

09 / 14 / 2006

Amount of Each Disbursement this Period

7380.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**C.** USPS

Mailing Address Dale St

City New Iberia State LA Zip Code 70560

Purpose of Disbursement  
Office Expense-Postage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B80E3CDB825064EE0A2B

Date of Disbursement

09 / 14 / 2006

Amount of Each Disbursement this Period

234.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

14740.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 157 / 195

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
 CRAIG ROMERO FOR CONGRESS INC.

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Alfred Alexander		<b>Transaction ID:</b> BAEE77B6CE01E4BF0B0F <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 5 / 2 0 0 6</div> </div>	
Mailing Address		<b>Amount of Each Disbursement this Period</b> <div> <div>600.00</div> <div> <input type="checkbox"/> Refund or Disposal of Excess            Contributions Required Under            11 C.F.R. 400.53         </div> </div>	
City	State		Zip Code
Purpose of Disbursement Political Consulting Fee			<div> <div>Category/Type</div> <div></div> </div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		
<b>B.</b> Full Name (Last, First, Middle Initial) Maudi Benoit		<b>Transaction ID:</b> BD8474D0C26B3457AA66 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 5 / 2 0 0 6</div> </div>	
Mailing Address		<b>Amount of Each Disbursement this Period</b> <div> <div>250.00</div> <div> <input type="checkbox"/> Refund or Disposal of Excess            Contributions Required Under            11 C.F.R. 400.53         </div> </div>	
City	State		Zip Code
Purpose of Disbursement Photographer Fee			<div> <div>Category/Type</div> <div></div> </div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		
<b>C.</b> Full Name (Last, First, Middle Initial) Gayle Brown		<b>Transaction ID:</b> B266D7E82FB8B4967862 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 5 / 2 0 0 6</div> </div>	
Mailing Address		<b>Amount of Each Disbursement this Period</b> <div> <div>400.00</div> <div> <input type="checkbox"/> Refund or Disposal of Excess            Contributions Required Under            11 C.F.R. 400.53         </div> </div>	
City	State		Zip Code
Purpose of Disbursement Political Consulting Fee			<div> <div>Category/Type</div> <div></div> </div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....		<div> <div>1250.00</div> </div>	
<b>TOTAL</b> This Period (last page this line number only) .....		<div> <div></div> </div>	

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 158 / 195

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

## **A. Southeast Romp**

Mailing Address 228 Washington St Ste 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Commission for Romp

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B05815104626F412AA69

Date of Disbursement

09 / 15 / 2006

Amount of Each Disbursement this Period

1408.76

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

## **B. Political Solutions, Inc.**

Mailing Address 5101 MacArthur Blvd.  
Suite 200

City Washington State DC Zip Code 20016

Purpose of Disbursement  
Campaign Material-Mailer

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BBA96227209EE4119958

Date of Disbursement

09 / 18 / 2006

Amount of Each Disbursement this Period

39464.89

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

## **C. LA Sugar Cane Festival & Fair Assoc.**

Mailing Address P.O.Box 9768

City New Iberia State LA Zip Code 70562-9768

Purpose of Disbursement  
Parade Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B83E9D396963C40198C8

Date of Disbursement

09 / 19 / 2006

Amount of Each Disbursement this Period

500.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

41373.65

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 159 / 195

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

**A.** Mr. Michael Mule'

Mailing Address PO Box 13657

City  
New IberiaState  
LAZip Code  
70562-3657Purpose of Disbursement  
Travel Expense-Mileage

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B2645A2981A404ACE8A1

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	9		2	0	0	6

Amount of Each Disbursement this Period

221.49

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**B.** WalMart

Mailing Address Admiral Doyle Dr

City  
New IberiaState  
LAZip Code  
70560Purpose of Disbursement  
Office Supplies

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B7E2FC81056FB45A8A1B

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	9		2	0	0	6

Amount of Each Disbursement this Period

128.42

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**C.** Mr. Wallace Vicknair, Jr.

Mailing Address 13802 Bayou Terrace Dr

City  
St AmantState  
LAZip Code  
70774Purpose of Disbursement  
Expenses-See attached

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B615D93BF437046CABA4

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	9		2	0	0	6

Amount of Each Disbursement this Period

473.90

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

823.81

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 160 / 195

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

**A.** Mr. David Throckmorton

Mailing Address P.O. Box 13657

City  
New Iberia

State  
LA

Zip Code  
70562-3657

Purpose of Disbursement

Mileage & Expenses-See attached

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** BE6A5B2480AC34D15B9D

Date of Disbursement

09 / 19 / 2006

Amount of Each Disbursement this Period

349.03

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**B.** WalMart

Mailing Address Admiral Doyle Dr

City  
New Iberia

State  
LA

Zip Code  
70560

Purpose of Disbursement

Food-Volunteers

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B311A73DF071B4F588DB

Date of Disbursement

09 / 19 / 2006

Amount of Each Disbursement this Period

21.01

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C.** Chevron Food N Fun

Mailing Address 4502 Old Spanish Trail

City  
New Iberia

State  
LA

Zip Code  
70560

Purpose of Disbursement

Travel -Gasoline

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B665CA002F63A4741A3D

Date of Disbursement

09 / 19 / 2006

Amount of Each Disbursement this Period

59.49

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

349.03

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 161 / 195

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

**A.** Dell Inc

Mailing Address

City  
Round Rock

State  
TN

Zip Code  
78682

Purpose of Disbursement  
Campaign Computer

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** BE9EB46FAEAC0486F9A5

Date of Disbursement

/   /

Amount of Each Disbursement this Period

778.87

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B.** WalMart

Mailing Address Admiral Doyle Dr

City  
New Iberia

State  
LA

Zip Code  
70560

Purpose of Disbursement  
Office Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B1D3686858C9C432A8C8

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2.56

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C.** WalMart

Mailing Address Admiral Doyle Dr

City  
New Iberia

State  
LA

Zip Code  
70560

Purpose of Disbursement  
Office Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B027EABFE0D384951BB9

Date of Disbursement

/   /

Amount of Each Disbursement this Period

34.06

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 162 / 195

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

## **A. Political Solutions, Inc.**

Mailing Address 5101 MacArthur Blvd.  
Suite 200

City Washington State DC Zip Code 20016

Purpose of Disbursement

Voter ID List

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B7BDD201B8F2441F9A74

Date of Disbursement

09 / 21 / 2006

Amount of Each Disbursement this Period

62026.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

## **B. UST Group Services**

Mailing Address P.O. Box 990

City Broussard State LA Zip Code 70518

Purpose of Disbursement

Taes & Employee Salaries

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BB3028890FD4543F0BE9

Date of Disbursement

09 / 21 / 2006

Amount of Each Disbursement this Period

158.38

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **C. Mrs. Darlene H. Barras**

Mailing Address 2205 Kramer Dr

City New Iberia State LA Zip Code 70560-7024

Purpose of Disbursement

Salary-pmt in 3rd qtr-UST

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BEBD64EAA8E814728AC4

Date of Disbursement

09 / 21 / 2006

Amount of Each Disbursement this Period

775.87

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

62026.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 163 / 195

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

**A.** Ms. Dayna S. Walker

Mailing Address PO Box 13657

City  
New IberiaState  
LAZip Code  
70562Purpose of Disbursement  
Salary-pmt in 3rd qtr-UST

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B6670E18F38BE4E44B39

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	0	6

Amount of Each Disbursement this Period

280.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B.** Active Network Inc

Mailing Address 10182 Telesis Court Ste 300

City  
San DiegoState  
CAZip Code  
92121Purpose of Disbursement  
Processing Fees

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B02D4FAA6C5DE477DA9C

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	0	6

Amount of Each Disbursement this Period

211.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**C.** Expertele Data Management Capabilities, Ltd.

Mailing Address 6601 Blanco Road Suite 120

City  
San Antonio,State  
TXZip Code  
76216-6106Purpose of Disbursement  
Phone Banking Service

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B8769265C347F4F00891

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	0	6

Amount of Each Disbursement this Period

12400.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

12611.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 164 / 195

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

**A. National Media, Inc.**

Mailing Address P.O. Box 13657

City  
New IberiaState  
LAZip Code  
70562Purpose of Disbursement  
TV/Radio Advertisement

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B20BD33CB229540DA9CE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	0	6

Amount of Each Disbursement this Period

575000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**B. Baker & Hostetler**

Mailing Address P.O. Box 37515

City  
WashingtonState  
DCZip Code  
20013-7515Purpose of Disbursement  
Legal Services

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B6675F50BBD1747E3AE7

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	0	6

Amount of Each Disbursement this Period

1900.05

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**C. Political Solutions, Inc.**Mailing Address 5101 MacArthur Blvd.  
Suite 200City  
WashingtonState  
DCZip Code  
20016Purpose of Disbursement  
Political Consulting Fees/Travel Expense

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BA07439CD060C460AB2A

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	0	6

Amount of Each Disbursement this Period

6879.55

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

583779.60

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 165 / 195

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

**A.** Hon. Gordon Dove, Sr.

Mailing Address PO Box 629

City  
Houma

State  
LA

Zip Code  
70361-0629

Purpose of Disbursement  
In-kind: Event - Food & Servers

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** BA1E2C5F8FE3E4838950

Date of Disbursement

/   /

Amount of Each Disbursement this Period

680.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**B.** Mr. Rene Clement

Mailing Address 5265 Hwy 311

City  
Houma

State  
LA

Zip Code  
70360

Purpose of Disbursement  
In-kind: Event-Tent

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B35D8B857F4B248AE814

Date of Disbursement

/   /

Amount of Each Disbursement this Period

400.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**C.** Mr. Steve Guillot

Mailing Address 402 Lake Crescent

City  
Houma

State  
LA

Zip Code  
70360

Purpose of Disbursement  
In-kind: Event-Beverages

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B1B2D8A50195E422FB8B

Date of Disbursement

/   /

Amount of Each Disbursement this Period

980.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

2060.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 166 / 195

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

**A.** Mr. Philip Knobock

Mailing Address 185 Kleinpeter

City  
Thibodaux

State  
LA

Zip Code  
70301

Purpose of Disbursement

In-kind:Event-Band

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B53A11B5C9BF64734B80

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**B.** Mr. Thomas M. Hebert

Mailing Address P.O. Box 9158

City  
Houma

State  
LA

Zip Code  
70361-9158

Purpose of Disbursement

In-kind:Event-Food & Beverages

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B183183DDC1AD4831B8A

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**C.** USPS

Mailing Address Dale St

City  
New Iberia

State  
LA

Zip Code  
70560

Purpose of Disbursement

Office Expense-Postage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B90B137A629EE47BC9D5

Date of Disbursement

/   /

Amount of Each Disbursement this Period

546.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

1546.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 167 / 195

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

## **A. Community First Bank**

Mailing Address P.O. Box 11440

City State Zip Code  
 New Iberia LA 70563-1440

Purpose of Disbursement

Bank Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** BAB697BDBD95A4584A62

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
 09 30 2006

Amount of Each Disbursement this Period

87.55

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

## **B. J.M. Landry and Associates Inc**

Mailing Address P O Box 990

City State Zip Code  
 Broussard LA 70518-0990

Purpose of Disbursement

Political Consulting Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B83F1B436A79943E1908

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
 10 02 2006

Amount of Each Disbursement this Period

5500.00

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

## **C. Ms. Dayna S. Walker**

Mailing Address PO Box 13657

City State Zip Code  
 New Iberia LA 70562

Purpose of Disbursement

Salary-Pmt in 3rd qtr-UST

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B509184DF4C42412C81D

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
 10 02 2006

Amount of Each Disbursement this Period

280.00

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

87.55

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 168 / 195

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

**A.** Mr. Michael Mule'

Mailing Address PO Box 13657

City  
New Iberia

State  
LA

Zip Code  
70562-3657

Purpose of Disbursement  
Salary-Pmt in 3rd qtr-UST

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B76AFD8836A7242D1B26

Date of Disbursement

10 / 02 / 2006

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B.** Mrs. Darlene H. Barras

Mailing Address 2205 Kramer Dr

City  
New Iberia

State  
LA

Zip Code  
70560-7024

Purpose of Disbursement  
Salary- pmt in 3rd qtr-UST

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** BC5CD7BF839F447CEB54

Date of Disbursement

10 / 02 / 2006

Amount of Each Disbursement this Period

1022.13

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C.** Mr. David Throckmorton

Mailing Address P.O. Box 13657

City  
New Iberia

State  
LA

Zip Code  
70562-3657

Purpose of Disbursement  
Salary-Pmt in 3rd qtr-UST

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B187CEABFDA804721987

Date of Disbursement

10 / 02 / 2006

Amount of Each Disbursement this Period

1625.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 169 / 195

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

**A.** Miss Brooke Sorci

Mailing Address 709 Emmeline St.

City	State	Zip Code
New Iberia	LA	70563-2205

Purpose of Disbursement  
Salary-Pmt in 3rd qtr-UST

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BFDE1C9462421498FA45

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	2		2	0	0	6

Amount of Each Disbursement this Period

1550.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B.** Ms. Mallory Lynn Mayeux

Mailing Address 3942 Gourrier Ave Apt 231

City	State	Zip Code
Baton Rouge	LA	70808-4485

Purpose of Disbursement  
Salary-Pmt in 3rd qtr-UST

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B916AFF34998540D5813

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	2		2	0	0	6

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C.** Mr. Sean P. DiSomma

Mailing Address 452 Ridgewood Blvd

City	State	Zip Code
Washington Tap	NJ	07676

Purpose of Disbursement  
Salary-pmt in 3rd qtr-UST

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B2CF88FF8FB664B0D8E4

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	2		2	0	0	6

Amount of Each Disbursement this Period

1850.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 170 / 195

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

**A.** Mr. Wallace Vicknair, Jr.

Mailing Address 13802 Bayou Terrace Dr

City	State	Zip Code
St Amant	LA	70774

Purpose of Disbursement  
Salary-Pmt in 3rd qtr-UST

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	2006
<input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> General

Transaction ID: B30DCD972FDCE456D920

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	2		2	0	0	6

Amount of Each Disbursement this Period

1500.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53
**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B.** UST Group Services

Mailing Address P.O. Box 990

City	State	Zip Code
Broussard	LA	70518

Purpose of Disbursement  
Taxes and Employee Salaries

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	2006
<input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> General

Transaction ID: BB500CD4860274360A0B

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	2		2	0	0	6

Amount of Each Disbursement this Period

1486.50

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53
**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C.** J.M. Landry and Associates Inc

Mailing Address P O Box 990

City	State	Zip Code
Broussard	LA	70518-0990

Purpose of Disbursement  
Consulting-3rd qtr pmt-JM Landry

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	2006
<input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> General

Transaction ID: B116957C0D4254B55B0B

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	5		2	0	0	6

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53
**[MEMO ITEM]**

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 171 / 195

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

## **A. UST Group Services**

Mailing Address P.O. Box 990

City  
Broussard

State  
LA

Zip Code  
70518

Purpose of Disbursement

Check Charge

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B4EF407A23C63402C87F

Date of Disbursement

10 / 05 / 2006

Amount of Each Disbursement this Period

99.75

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **B. UST Group Services**

Mailing Address P.O. Box 990

City  
Broussard

State  
LA

Zip Code  
70518

Purpose of Disbursement

Taxes and Employee Salaries

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B6884F73BFDBF41E7ADD

Date of Disbursement

10 / 06 / 2006

Amount of Each Disbursement this Period

195.74

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **C. Mrs. Darlene H. Barras**

Mailing Address 2205 Kramer Dr

City  
New Iberia

State  
LA

Zip Code  
70560-7024

Purpose of Disbursement

Salary pmt in 3rd qtr-UST

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B17F67DAB22824BF8954

Date of Disbursement

10 / 06 / 2006

Amount of Each Disbursement this Period

948.13

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 172 / 195

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

**A.** Ms. Dayna S. Walker

Mailing Address PO Box 13657

City  
New Iberia

State  
LA

Zip Code  
70562

Purpose of Disbursement  
Salary-Pmt in 3rd qtr-UST

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B06B549C8091941A4B1F

Date of Disbursement

/   /

Amount of Each Disbursement this Period

280.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B.** Ms. Mallory Lynn Mayeux

Mailing Address 3942 Gourrier Ave Apt 231

City  
Baton Rouge

State  
LA

Zip Code  
70808-4485

Purpose of Disbursement  
Salary-Pmt in 3rd qtr-UST

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** BAB587BBA1F7143A5AFF

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C.** Ms. Dayna S. Walker

Mailing Address PO Box 13657

City  
New Iberia

State  
LA

Zip Code  
70562

Purpose of Disbursement  
Salary-Pmt in 3rd qtr-UST

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B7C841B8F48CE42A99B2

Date of Disbursement

/   /

Amount of Each Disbursement this Period

280.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 173 / 195

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

**A.** Mr. Michael Mule'

Mailing Address PO Box 13657

City	State	Zip Code
New Iberia	LA	70562-3657

Purpose of Disbursement  
Salary-Pmt in 3rd qtr-UST

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	2006
<input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> General

Transaction ID: B0727CFAB8243443E8E4

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	6

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53
**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B.** Mrs. Darlene H. Barras

Mailing Address 2205 Kramer Dr

City	State	Zip Code
New Iberia	LA	70560-7024

Purpose of Disbursement  
Salary-pmt in 3rd qtr-UST

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	2006
<input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> General

Transaction ID: B7F12ABA32BFA47F49FE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	6

Amount of Each Disbursement this Period

832.50

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53
**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C.** Mr. David Throckmorton

Mailing Address P.O. Box 13657

City	State	Zip Code
New Iberia	LA	70562-3657

Purpose of Disbursement  
Salary-Pmt in 3rd qtr-UST

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	2006
<input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> General

Transaction ID: B847BD4F36A4F47C6897

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	6

Amount of Each Disbursement this Period

1625.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53
**[MEMO ITEM]**

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 174 / 195

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
**CRAIG ROMERO FOR CONGRESS INC.**

Full Name (Last, First, Middle Initial)

**A. Mr. Wallace Vicknair, Jr.**

Mailing Address 13802 Bayou Terrace Dr

City State Zip Code  
**St Amant LA 70774**

Purpose of Disbursement  
 Salary-Pmt in 3rd qrtr-UST

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: B1DFC3621ABFB4389886**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**1500.00**

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Mr. Sean P. DiSomma**

Mailing Address 452 Ridgewood Blvd

City State Zip Code  
**Washington Tap NJ 07676**

Purpose of Disbursement  
 Salary-Pmt in 3rd qrtr-UST

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: BA85E7467F2694DA38FF**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**1850.00**

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Miss Brooke Sorci**

Mailing Address 709 Emmeline St.

City State Zip Code  
**New Iberia LA 70563-2205**

Purpose of Disbursement  
 Salary-Pmt in 3rd qrtr-UST

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: BDA1A3E79B1434AECB1F**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**1550.00**

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

**0.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 175 / 195

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

**A. UST Group Services**

Mailing Address P.O. Box 990

City  
BroussardState  
LAZip Code  
70518Purpose of Disbursement  
Taxes & Employee Salaries

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B95D0718C9FB648009BE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	3	/	2	0	0	6

Amount of Each Disbursement this Period

1455.75

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. J.M. Landry and Associates Inc**

Mailing Address P O Box 990

City  
BroussardState  
LAZip Code  
70518-0990Purpose of Disbursement  
Consulting-3rd qtr pmt-JM Landry

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B5DC72288FC2042BCAA7

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	0	6

Amount of Each Disbursement this Period

2200.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. J.M. Landry and Associates Inc**

Mailing Address P O Box 990

City  
BroussardState  
LAZip Code  
70518-0990Purpose of Disbursement  
Consulting-3rd qtr pmt-JM Landry

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B10DA7560121D476889F

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	0	6

Amount of Each Disbursement this Period

3080.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 176 / 195

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

**A.** Mrs. Darlene H. Barras

Mailing Address 2205 Kramer Dr

City State Zip Code  
 New Iberia LA 70560-7024

Purpose of Disbursement  
 Salary-Pmt in 3rd qtr-UST

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BE35D75904A9445459D7

Date of Disbursement

10 / 19 / 2006

Amount of Each Disbursement this Period

1350.50

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B.** Ms. Dayna S. Walker

Mailing Address PO Box 13657

City State Zip Code  
 New Iberia LA 70562

Purpose of Disbursement  
 Salary-Pmt in 3rd qtr-UST

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B2C07A371E0934BD7850

Date of Disbursement

10 / 19 / 2006

Amount of Each Disbursement this Period

280.00

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C.** Ms. Dayna S. Walker

Mailing Address PO Box 13657

City State Zip Code  
 New Iberia LA 70562

Purpose of Disbursement  
 Salary-pmt in 3rd qtr-UST

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B002183C0FDF24AD6A62

Date of Disbursement

10 / 26 / 2006

Amount of Each Disbursement this Period

280.00

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 177 / 195

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

**A.** Mrs. Darlene H. Barras

Mailing Address 2205 Kramer Dr

City State Zip Code  
 New Iberia LA 70560-7024

Purpose of Disbursement  
 Salary-pmt in 3rd qrtr-UST

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** BC16FEA43EE4E408F90C

Date of Disbursement

/   /

Amount of Each Disbursement this Period

920.38

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B.** UST Group Services

Mailing Address P.O. Box 990

City State Zip Code  
 Broussard LA 70518

Purpose of Disbursement  
 Taxes & Employee Salaries-See 3rd qrtr

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B15BBF84F732E47EC915

Date of Disbursement

/   /

Amount of Each Disbursement this Period

191.25

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C.** UST Group Services

Mailing Address P.O. Box 990

City State Zip Code  
 Broussard LA 70518

Purpose of Disbursement  
 Taxes & Employee Salaries-See 3rd qrtr

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B2CD919AB84F24FC4917

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1503.09

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 178 / 195

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

**A.** Mrs. Darlene H. Barras

Mailing Address 2205 Kramer Dr

City  
New Iberia

State  
LA

Zip Code  
70560-7024

Purpose of Disbursement  
Salary-pmt in 3rd qrtr-UST

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** BA93318CE0AD146FB993

Date of Disbursement

10 / 31 / 2006

Amount of Each Disbursement this Period

1123.88

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B.** Mr. David Throckmorton

Mailing Address P.O. Box 13657

City  
New Iberia

State  
LA

Zip Code  
70562-3657

Purpose of Disbursement  
Salary-Pmt in 3rd qrtr-UST

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B73A6265F8EDF47DDABA

Date of Disbursement

10 / 31 / 2006

Amount of Each Disbursement this Period

1625.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C.** Mr. Wallace Vicknair, Jr.

Mailing Address 13802 Bayou Terrace Dr

City  
St Amant

State  
LA

Zip Code  
70774

Purpose of Disbursement  
Salary-Pmt in 3rd qrtr-UST

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B4705245177F646098B1

Date of Disbursement

10 / 31 / 2006

Amount of Each Disbursement this Period

1500.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 179 / 195

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

**A.** Miss Brooke Sorci

Mailing Address 709 Emmeline St.

City State Zip Code  
New Iberia LA 70563-2205

Purpose of Disbursement  
Salary-pmt in 3rd qtr-UST

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B5BD0FC23AD174BE5B32

Date of Disbursement

10 / 31 / 2006

Amount of Each Disbursement this Period

1550.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B.** Mr. Sean P. DiSomma

Mailing Address 452 Ridgewood Blvd

City State Zip Code  
Washington Tap NJ 07676

Purpose of Disbursement  
Salary-pmt in 3rd qtr-UST

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** BBB48E2CAF2374F12A36

Date of Disbursement

10 / 31 / 2006

Amount of Each Disbursement this Period

1850.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C.** Ms. Mallory Lynn Mayeux

Mailing Address 3942 Gourrier Ave Apt 231

City State Zip Code  
Baton Rouge LA 70808-4485

Purpose of Disbursement  
Salary-Pmt in 3rd qtr-UST

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B8C455165E40A4B82AF4

Date of Disbursement

10 / 31 / 2006

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 180 / 195

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

**A.** Ms. Dayna S. Walker

Mailing Address PO Box 13657

City  
New Iberia

State  
LA

Zip Code  
70562

Purpose of Disbursement  
Salary-Pmt in 3rd qtr-UST

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B5EF0FB55CC574BC88CB

Date of Disbursement

/   /

Amount of Each Disbursement this Period

280.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B.** Mr. Sean P. DiSomma

Mailing Address 452 Ridgewood Blvd

City  
Washington Tap

State  
NJ

Zip Code  
07676

Purpose of Disbursement  
Salary-pmt in 3rd qtr-UST

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** BEA7792006791405FB5B

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1094.76

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C.** Mr. David Throckmorton

Mailing Address P.O. Box 13657

City  
New Iberia

State  
LA

Zip Code  
70562-3657

Purpose of Disbursement  
Salary-pmt in 3rd qtr-UST

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** BB3A67A01F5A646E7898

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1068.50

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 181 / 195

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

**A.** Miss Brooke Sorci

Mailing Address 709 Emmeline St.

City State Zip Code  
New Iberia LA 70563-2205

Purpose of Disbursement  
Salary-pmt in 3rd qtr-UST

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** BBA96FE63BAA34ED7A29

Date of Disbursement

/   /

Amount of Each Disbursement this Period

509.60

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B.** UST Group Services

Mailing Address P.O. Box 990

City State Zip Code  
Broussard LA 70518

Purpose of Disbursement  
Taxes & Employee Salaries-See 3rd qtr

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** BBA2E5E66701346409F7

Date of Disbursement

/   /

Amount of Each Disbursement this Period

400.93

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C.** UST Group Services

Mailing Address P.O. Box 990

City State Zip Code  
Broussard LA 70518

Purpose of Disbursement  
Taxes & Employee Salaries-See 3rd qtr

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B179B3F7FAD5F4FFAA88

Date of Disbursement

/   /

Amount of Each Disbursement this Period

201.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 182 / 195

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

**A.** Mrs. Darlene H. Barras

Mailing Address 2205 Kramer Dr

City  
New IberiaState  
LAZip Code  
70560-7024Purpose of Disbursement  
Salary-pmt in 3rd qtr-UST

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B8B8440E2024F4E11945

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	9	/	2	0	0	6

Amount of Each Disbursement this Period

980.50

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B.** Mrs. Darlene H. Barras

Mailing Address 2205 Kramer Dr

City  
New IberiaState  
LAZip Code  
70560-7024Purpose of Disbursement  
Salary-pmt in 3rd qtr-UST

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BA08E29E688404AF884C

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	4	/	2	0	0	6

Amount of Each Disbursement this Period

800.13

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C.** Mr. Wallace Vicknair, Jr.

Mailing Address 13802 Bayou Terrace Dr

City  
St AmantState  
LAZip Code  
70774Purpose of Disbursement  
Salary-pmt in 3rd qtr-UST

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B020E5621DB2949ED891

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	4	/	2	0	0	6

Amount of Each Disbursement this Period

1500.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 183 / 195

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

**A.** Ms. Dayna S. Walker

Mailing Address PO Box 13657

City  
New Iberia

State  
LA

Zip Code  
70562

Purpose of Disbursement  
Salary-pmt in 3rd qtr-UST

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B178C894E00CB4D3CA40

Date of Disbursement

/   /

Amount of Each Disbursement this Period

280.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B.** Ms. Mallory Lynn Mayeux

Mailing Address 3942 Gourrier Ave Apt 231

City  
Baton Rouge

State  
LA

Zip Code  
70808-4485

Purpose of Disbursement  
Salary-pmt in 3rd qtr-UST

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B8A46271C7A914E738CF

Date of Disbursement

/   /

Amount of Each Disbursement this Period

657.50

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C.** Mr. Michael Mule'

Mailing Address PO Box 13657

City  
New Iberia

State  
LA

Zip Code  
70562-3657

Purpose of Disbursement  
Salary-pmt in 3rd qtr-UST

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B8E69272B3AAF4D97B69

Date of Disbursement

/   /

Amount of Each Disbursement this Period

657.50

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 184 / 195

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

## **A. UST Group Services**

Mailing Address P.O. Box 990

City  
Broussard

State  
LA

Zip Code  
70518

Purpose of Disbursement

Taxes & Employee Salaries-See attached

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B54C782D1698F4DD6BF2

Date of Disbursement

/   /

Amount of Each Disbursement this Period

594.01

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

## **B. UST Group Services**

Mailing Address P.O. Box 990

City  
Broussard

State  
LA

Zip Code  
70518

Purpose of Disbursement

Taxes & Employee Salaries-See 3rd qrtr

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** BDAD3E2CB63C944178A8

Date of Disbursement

/   /

Amount of Each Disbursement this Period

165.75

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

## **C. Ms. Dayna S. Walker**

Mailing Address PO Box 13657

City  
New Iberia

State  
LA

Zip Code  
70562

Purpose of Disbursement

Salary pmt in 3rd qrtr-UST

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** BBEF20457E1AB4B0DBEE

Date of Disbursement

/   /

Amount of Each Disbursement this Period

280.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 185 / 195

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
**CRAIG ROMERO FOR CONGRESS INC.**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Mrs. Darlene H. Barras</b>		<b>Transaction ID:</b> BA6BE23C614814653AC1 <b>Date of Disbursement</b> <div> <div>11</div> <div>21</div> <div>2006</div> </div>	
Mailing Address <b>2205 Kramer Dr</b>			
City <b>New Iberia</b>	State <b>LA</b>	Zip Code <b>70560-7024</b>	
Purpose of Disbursement Salary pmt in 3rd qtr-UST		<div> <div></div> <div>Category/ Type</div> </div>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:    2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:                      District:			
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Mrs. Darlene H. Barras</b>		<b>Transaction ID:</b> B8F656446CB004A86A69 <b>Date of Disbursement</b> <div> <div>11</div> <div>29</div> <div>2006</div> </div>	
Mailing Address <b>2205 Kramer Dr</b>			
City <b>New Iberia</b>	State <b>LA</b>	Zip Code <b>70560-7024</b>	
Purpose of Disbursement Salary pmt in 3rd qtr-UST		<div> <div></div> <div>Category/ Type</div> </div>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:    2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:                      District:			
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Ms. Dayna S. Walker</b>		<b>Transaction ID:</b> B5DF32BC439784CA3BCD <b>Date of Disbursement</b> <div> <div>11</div> <div>29</div> <div>2006</div> </div>	
Mailing Address <b>PO Box 13657</b>			
City <b>New Iberia</b>	State <b>LA</b>	Zip Code <b>70562</b>	
Purpose of Disbursement Salary pmt in 3rd qtr-UST		<div> <div></div> <div>Category/ Type</div> </div>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:    2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:                      District:			

**SUBTOTAL** of Disbursements This Page (optional) .....

**0.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 186 / 195

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

**A.** UST Group Services

Mailing Address P.O. Box 990

City  
Broussard

State  
LA

Zip Code  
70518

Purpose of Disbursement

Taxes & Employee Salaries-See 3rd qtr

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B997DC8DFD77A41E3B87

Date of Disbursement

/   /

Amount of Each Disbursement this Period

74.25

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

1009014.72

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 187 / 195

☐ 17 ☐ 18 ☐ 19a ☐ 19b  
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
 CRAIG ROMERO FOR CONGRESS INC.

<b>A.</b> Full Name (Last, First, Middle Initial) Superior Derrick Services LLC		<b>Transaction ID:</b> B3318BBDD953E4C58BBA <b>Date of Disbursement</b> <div> <div>08</div> <div>01</div> <div>2006</div> </div>
Mailing Address P.O. Box 907		Amount of Each Disbursement this Period <div>2100.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City St. Martinville State LA Zip Code 70582		
Purpose of Disbursement Refund Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff 2006		
<b>B.</b> Full Name (Last, First, Middle Initial) Superior Derrick Services LLC		<b>Transaction ID:</b> B3E7A0C93E70D4684BCD <b>Date of Disbursement</b> <div> <div>08</div> <div>01</div> <div>2006</div> </div>
Mailing Address P.O. Box 907		Amount of Each Disbursement this Period <div>2100.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City St. Martinville State LA Zip Code 70582		
Purpose of Disbursement Refund Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>C.</b> Full Name (Last, First, Middle Initial) Superior Derrick Services LLC		<b>Transaction ID:</b> BA27CD126A6674233AB1 <b>Date of Disbursement</b> <div> <div>08</div> <div>01</div> <div>2006</div> </div>
Mailing Address P.O. Box 907		Amount of Each Disbursement this Period <div>2100.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City St. Martinville State LA Zip Code 70582		
Purpose of Disbursement Refund Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**SUBTOTAL** of Disbursements This Page (optional) .....

**6300.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 188 / 195

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

**A.** Mr. Rodney Verret

Mailing Address 1186 Grand Bois Rd.

City Breaux Bridge State LA Zip Code 70517

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** BC12B8ABDA5F0403BBFE

Date of Disbursement

08 / 01 / 2006

Amount of Each Disbursement this Period

2100.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B.** Mr. Rodney Verret

Mailing Address 1186 Grand Bois Rd.

City Breaux Bridge State LA Zip Code 70517

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2005  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** BEE0E43CC75F247E993F

Date of Disbursement

08 / 01 / 2006

Amount of Each Disbursement this Period

2100.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C.** Mr. Rodney Verret

Mailing Address 1186 Grand Bois Rd.

City Breaux Bridge State LA Zip Code 70517

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Runoff 2006

**Transaction ID:** BBABFAEC40CE241C9B0B

Date of Disbursement

08 / 01 / 2006

Amount of Each Disbursement this Period

2100.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 189 / 195

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
CRAIG ROMERO FOR CONGRESS INC.

<b>A.</b> Full Name (Last, First, Middle Initial) Dionne R. Chouest		<b>Transaction ID:</b> BB3D29680438C435FA01 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	4		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		0	4		2	0	0	6													
Mailing Address P o Box 310		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>2100.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	2100.00																			
2100.00																						
City Galliano State LA Zip Code 70354-0310																						
Purpose of Disbursement Refund	<input type="checkbox"/> Category/ Type																					
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
<b>B.</b> Full Name (Last, First, Middle Initial) CCI Pipeline Systems, LLC		<b>Transaction ID:</b> B998766B05D0C48EAA1E <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		0	7		2	0	0	6													
Mailing Address 1058 O'Neal Dr.		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>500.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	500.00																			
500.00																						
City Breaux Bridge State LA Zip Code 70517																						
Purpose of Disbursement Refund	<input type="checkbox"/> Category/ Type																					
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Francis Eugene Cazayoux		<b>Transaction ID:</b> B9673601497DE42D79AF <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		0	7		2	0	0	6													
Mailing Address 1058 Oneal Dr.		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>500.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	500.00																			
500.00																						
City Breaux Bridge State LA Zip Code 70517																						
Purpose of Disbursement Refund	<input type="checkbox"/> Category/ Type																					
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

**SUBTOTAL** of Disbursements This Page (optional) .....

2600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 190 / 195

☐ 17 ☐ 18 ☐ 19a ☐ 19b  
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

**A.** Mr. Doss R. Bourgeois

Mailing Address 419 W Farrel RD

City State Zip Code  
Lafayette LA 70508-7055

Purpose of Disbursement

Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

**Transaction ID:** B1A47D51703864E2DAB1

Date of Disbursement

/   /

Amount of Each Disbursement this Period

800.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**B.** Mr. Donald J. Bishop, Jr.

Mailing Address 20640 Hwy 182 W.

City State Zip Code  
Jeanerette LA 70544-8413

Purpose of Disbursement

Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

**Transaction ID:** B1D76F5CCF5FA417D9E9

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**C.** Mr. Gerald Gesser

Mailing Address P o Box 10525

City State Zip Code  
New Iberia LA 70562-0525

Purpose of Disbursement

Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

**Transaction ID:** B8DBF8A876F9A4043BE0

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1200.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 191 / 195

☐ 17 ☐ 18 ☐ 19a ☐ 19b  
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

**A.** Mr. Mark A. Fontenot

Mailing Address 101-A Fursman Dr

City State Zip Code  
Lafayette LA 70503-2209

Purpose of Disbursement

Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

**Transaction ID:** BFCCA93D9783D424CB91

Date of Disbursement

/   /

Amount of Each Disbursement this Period

300.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**B.** Mr. Michael T. Gray

Mailing Address P o Box 6202

City State Zip Code  
Metairie LA 70009-6202

Purpose of Disbursement

Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2006  
☐ Primary ☐ General  
☒ Other (specify) ▼

Runoff 2006

**Transaction ID:** B60E565A58A734B03B9A

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2100.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**C.** Mr. Harold Aubry Dauterive

Mailing Address 516 Loreauville Rd

City State Zip Code  
New Iberia LA 70563-1940

Purpose of Disbursement

Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

**Transaction ID:** BBC8486300E434735AF0

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2100.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 192 / 195

☐ 17 ☐ 18 ☐ 19a ☐ 19b  
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

**A.** Mr. J Christopher McClanahan

Mailing Address 311 Saratoga Blvd

City Corpus Christi State TX Zip Code 78417

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B5143E028815441D691F

Date of Disbursement

09 / 22 / 2006

Amount of Each Disbursement this Period

2100.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**B.** Mr. Dwayne Laliberte

Mailing Address 1001 Briar Patch Rd

City Broussard State LA Zip Code 70518-8022

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** BCAA4CD5525DF47638F3

Date of Disbursement

09 / 26 / 2006

Amount of Each Disbursement this Period

2100.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**C.** Mr. Anthony A. Simmons

Mailing Address PO Box 188

City Avery Island State LA Zip Code 70513-0188

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** BA8D7D4256334486A914

Date of Disbursement

09 / 26 / 2006

Amount of Each Disbursement this Period

2100.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

6300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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PAGE 193 / 195

☐ 17 ☐ 18 ☐ 19a ☐ 19b  
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

**A.** Mrs. Jean Simmons

Mailing Address P o Box 188

City  
Avery Island

State  
LA

Zip Code  
70513-0188

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** BE2214FF4805A4018AE5

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2100.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**B.** Mr. Gordon Doerle

Mailing Address 101 East Main

City  
New Iberia

State  
LA

Zip Code  
70560-3724

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B0180801528D94725A4A

Date of Disbursement

/   /

Amount of Each Disbursement this Period

400.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**C.** Mr. Jeffrey W. Floyd

Mailing Address 8610 River Rd

City  
Abbeville

State  
LA

Zip Code  
70510-2245

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** BB74653EECB5F4FA9B21

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2100.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

4600.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 194 / 195

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

**A.** Mrs. Renee Hunt

Mailing Address PO Box 942

City	State	Zip Code
Cut Off	LA	70345

Purpose of Disbursement

Refund

Candidate Name

  
Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	2006
<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	
Runoff	2006

**Transaction ID:** B965BA98A8E6C4346918

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	0	6

Amount of Each Disbursement this Period

2100.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**B.** Mr. Abram D. Hunt, Jr.

Mailing Address PO Box 942

City	State	Zip Code
Cut Off	LA	70345

Purpose of Disbursement

Refund

Candidate Name

  
Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	2006
<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	
Runoff	2006

**Transaction ID:** B14321EB9352248D5B0E

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	0	6

Amount of Each Disbursement this Period

2100.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53
**SUBTOTAL** of Disbursements This Page (optional) .....

4200.00

**TOTAL** This Period (last page this line number only) .....

32500.00

**SCHEDULE C (FEC Form 3 )****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 195 / 195

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

CRAIG ROMERO FOR CONGRESS INC.

Transaction ID: C0D05EE58ECC84C4C95C

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Mr. Craig Romero

Election:

☐ Primary☒ General☐ Other (specify) ▼Mailing Address 300 Iberia Street  
Suite B-150

City New Iberia State LA ZIP Code 70560-4586

Original Amount of Loan

70000.00

Cumulative Payment To Date

66000.00

Balance Outstanding at Close of This Period

4000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
1 1D D  
0 1Y Y Y Y  
2 0 0 4

0.085000 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

4000.00

**TOTALS** This Period (last page in this line only) ▶

4000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.