

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**  
**LOUISIANA PROSPERITY FUND**

ADDRESS (number and street) **PO BOX 26141**  
Check if different than previously reported. (ACC) **ALEXANDRIA VA 22313**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C C00528034** 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  **11** /  **08** /  **2016** in the State of

5. Covering Period  **10** /  **20** /  **2016** through  **11** /  **28** /  **2016**

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 **Marston, Chris, , ,**

Signature of Treasurer **Marston, Chris, , ,** [Electronically Filed] Date  **12** /  **06** /  **2016**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**LOUISIANA PROSPERITY FUND**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		13897.62
(b) Cash on Hand at Beginning of Reporting Period.....	177673.63	
(c) Total Receipts (from Line 19) .....	62800.00	605850.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	240473.63	619747.62
7. Total Disbursements (from Line 31).....	197441.29	576715.28
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	43032.34	43032.34
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) .....	15000.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**LOUISIANA PROSPERITY FUND**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	62800.00	601050.00
(ii) Unitemized .....	0.00	300.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	62800.00	601350.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	4500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	62800.00	605850.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	62800.00	605850.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	62800.00	605850.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	17941.29	257215.28
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	17941.29	257215.28
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	179500.00	319500.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	197441.29	576715.28
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	197441.29	576715.28

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	62800.00	605850.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	62800.00	605850.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	17941.29	257215.28
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	17941.29	257215.28

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

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

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

NAME OF COMMITTEE (In Full)  
**LOUISIANA PROSPERITY FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Acadian Ambulance Service</b>		Date of Receipt MM / DD / YYYY 10 / 26 / 2016 <b>Transaction ID : SA11AI.4409</b>
Mailing Address PO Box 98000		Amount of Each Receipt this Period 5000.00
City LaFayette	State LA	Zip Code 70509
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual)	Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 7500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Bollinger Shipyards</b>		Date of Receipt MM / DD / YYYY 10 / 26 / 2016 <b>Transaction ID : SA11AI.4410</b>
Mailing Address PO Box 250		Amount of Each Receipt this Period 10000.00
City Lockport	State LA	Zip Code 70374
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual)	Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Favre, Art, E., ,</b>		Date of Receipt MM / DD / YYYY 11 / 07 / 2016 <b>Transaction ID : SA11AI.4425</b>
Mailing Address PO Box 82285		Amount of Each Receipt this Period 20000.00
City Baton Rouge	State LA	Zip Code 70884
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Performance Contractors Inc	Occupation (for Individual) Contractor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 20000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	35000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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NAME OF COMMITTEE (In Full)  
**LOUISIANA PROSPERITY FUND**

**A. GED Oil Corporation**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2417 Shell Beach Dr

City Lake Charles	State LA	Zip Code 70601
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 03 / 2016

**Transaction ID : SA11AI.4416**

Amount of Each Receipt this Period  
10000.00

Memo Item

**B. Hamer, Greg, , ,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Drawer 3608

City Morgan City	State LA	Zip Code 70381
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) B&G Food Enterprises LLC	Occupation (for Individual) Executive
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 04 / 2016

**Transaction ID : SA11AI.4429**

Amount of Each Receipt this Period  
2500.00

Memo Item

**C. Risk Management Services**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 7765

City Metaire	State LA	Zip Code 70010
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2016

**Transaction ID : SA11AI.4407**

Amount of Each Receipt this Period  
300.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	12800.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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NAME OF COMMITTEE (In Full)  
**LOUISIANA PROSPERITY FUND**

**A. The Powell Group**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5667 Bankers Ave

City Baton Rouge	State LA	Zip Code 70808
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2016

**Transaction ID : SA11AI.4403**

Amount of Each Receipt this Period  
10000.00

Memo Item

**B. Zuschlag, Richard, , ,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 108 Astoria Loop

City Lafayette	State LA	Zip Code 70508
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Acadian Companies	Occupation (for Individual) Executive
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2016

**Transaction ID : SA11AI.4406**

Amount of Each Receipt this Period  
5000.00

Memo Item

**C.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	15000.00
<b>TOTAL</b> This Period (last page this line number only).....	62800.00



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**LOUISIANA PROSPERITY FUND**

**A. Anedot**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 84314

City Baton Rouge State LA Zip Code 70884

Purpose of Disbursement CC Processing

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 04 / 2016

FEC Identification Number: C

Transaction ID : SB21B.4405

Amount of Each Disbursement this Period: 488.10

Memo Item

**B. Election CFO, LLC**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 26141

City Alexandria State VA Zip Code 22313

Purpose of Disbursement Compliance Consulting; Expenses

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 22 / 2016

FEC Identification Number: C

Transaction ID : SB21B.4428

Amount of Each Disbursement this Period: 1124.19

Memo Item

**C. Go Big Media, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 1875 Connecticut Ave NW FI 10

City Washington State DC Zip Code 20009

Purpose of Disbursement Website Expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 22 / 2016

FEC Identification Number: C

Transaction ID : SB21B.4427

Amount of Each Disbursement this Period: 200.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1812.29

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**LOUISIANA PROSPERITY FUND**

Full Name (Last, First, Middle Initial)

**A. MSBR**

Mailing Address 12491 Plantation Creek Dr

City Geismar State LA Zip Code 70734

Purpose of Disbursement  
Polling

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.4415**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Wiley Rein LLP**

Mailing Address 1776 K St NW

City Washington State DC Zip Code 20006

Purpose of Disbursement  
Legal Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.4396**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 11 OF 14
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**LOUISIANA PROSPERITY FUND**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>The Bautsch Group, LLC</b>			Nature of Debt (Purpose): Fundraising Consulting
Mailing Address 2023 N Woodchase Ct			
City Baton Rouge	State LA	Zip Code 70808	

Outstanding Balance Beginning This Period 15000.00		Transaction ID : SD10.4387	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 15000.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period		Outstanding Balance at Close of This Period	
Amount Incurred This Period	Payment This Period		

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period		Outstanding Balance at Close of This Period	
Amount Incurred This Period	Payment This Period		

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	15000.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	15000.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	15000.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
LOUISIANA PROSPERITY FUND
FEC IDENTIFICATION NUMBER
C C00528034

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee: RedPrint Strategy
Mailing Address: PO Box 710993
City: Herndon, State: VA, Zip Code: 20171
Purpose of Expenditure: Advertising - Production
Name of Federal Candidate: KENNEDY, JOHN NEELY, , ,
Calendar Year-To-Date Per Election for Office Sought: 149500.00
Disbursement For: General 2016

Full Name of Payee: RedPrint Strategy
Mailing Address: PO Box 710993
City: Herndon, State: VA, Zip Code: 20171
Purpose of Expenditure: Advertising - Production
Name of Federal Candidate: KENNEDY, JOHN NEELY, , ,
Calendar Year-To-Date Per Election for Office Sought: 290000.00
Disbursement For: General 2016

(a) SUBTOTAL of Itemized Independent Expenditures: 19000.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Marston, Chris, , ,

[Electronically Filed]

Date

12 / 06 / 2016

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>LOUISIANA PROSPERITY FUND</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00528034
---	--

Check if  24-hour report  48-hour report  New report Amends report filed on  /  /

Full Name of Payee <input type="checkbox"/> Memo Item <b>RedPrint Strategy</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address <b>PO Box 710993</b>		Amount <input type="text"/>	
City <b>Herndon</b>	State <b>VA</b>	Zip Code <b>20171</b>	<b>9500.00</b>
Purpose of Expenditure <b>Advertising - Production</b>		Category/Type <input type="text"/>	<b>Transaction ID : SE.4418</b>
Name of Federal Candidate: <b>KENNEDY, JOHN NEELY, , ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		<b>299500.00</b>	

Full Name of Payee <input type="checkbox"/> Memo Item <b>Strategic Media Placement Inc</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address <b>7669 Staggers Loop</b>		Amount <input type="text"/>	
City <b>Delaware</b>	State <b>OH</b>	Zip Code <b>43015</b>	<b>96000.00</b>
Purpose of Expenditure <b>Advertising</b>		Category/Type <input type="text"/>	<b>Transaction ID : SE.4398</b>
Name of Federal Candidate: <b>KENNEDY, JOHN NEELY, , ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		<b>245500.00</b>	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures .....	<input type="text"/>
<b>(a) TOTAL</b> Independent Expenditures .....	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Marston, Chris, , ,*

**[Electronically Filed]**

Date

/  /

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>LOUISIANA PROSPERITY FUND</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black;">C</span> C00528034                 </div>
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Check if  24-hour report  48-hour report ▶  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>Strategic Media Placement Inc</b>		Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 26 / 2016</div>
Mailing Address 7669 Stagers Loop		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">35000.00</div>
City Delaware	State OH	
Zip Code 43015	Transaction ID : <b>SE.4399</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 26 / 2016</div>	
Purpose of Expenditure Advertising		Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate: KENNEDY, JOHN NEELY, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 5px;">280500.00</div>

Full Name of Payee <input type="checkbox"/> Memo Item <b>Strategic Media Placement Inc</b>		Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 05 / 2016</div>
Mailing Address 7669 Stagers Loop		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">20000.00</div>
City Delaware	State OH	
Zip Code 43015	Transaction ID : <b>SE.4421</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 04 / 2016</div>	
Purpose of Expenditure Advertising		Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate: KENNEDY, JOHN NEELY, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 5px;">319500.00</div>

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">55000.00</div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">179500.00</div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Marston, Chris, , ,

*[Electronically Filed]*

Date

M M / D D / Y Y Y Y Y Y  

12 / 06 / 2016

Signature