

**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

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

**A. Acadian Ambulance Service**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO Box 98000

City LaFayette	State LA	Zip Code 70509
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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 ▼  
7500.00

Date of Receipt  

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

**Transaction ID : SA11AI.4409**

Amount of Each Receipt this Period  
5000.00

Memo Item

**B. Bollinger Shipyards**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO Box 250

City Lockport	State LA	Zip Code 70374
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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
10		26		2016

**Transaction ID : SA11AI.4410**

Amount of Each Receipt this Period  
10000.00

Memo Item

**C. Favre, Art, E., ,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO Box 82285

City Baton Rouge	State LA	Zip Code 70884
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)  
Performance Contractors Inc Contractor

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
20000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		07		2016

**Transaction ID : SA11AI.4425**

Amount of Each Receipt this Period  
20000.00

Memo Item

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