

# 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  
CALONGNE FOR CONGRESS INC

ADDRESS (number and street) 7575 JEFFERSON HWY #15  
 Check if different than previously reported. (ACC)  
BATON ROUGE LA 70806

2. **FEC IDENTIFICATION NUMBER** C00444489  
**CITY** **STATE** **ZIP CODE** **STATE** **DISTRICT**  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)  
LA 06

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 04 01 2008 through 06 30 2008

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 Michael B. Wilson

Signature of Treasurer Electronically Filed by Michael B. Wilson Date 07 15 2008

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

Write or Type Committee Name

CALONGNE FOR CONGRESS INC

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	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)).....	22276.43	22276.43
(b) Total Contribution Refunds (from Line 20(d)).....	100.00	100.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	22176.43	22176.43
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	68020.36	68020.36
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	68020.36	68020.36
8. Cash on Hand at Close of Reporting Period (from Line 27).....	634.84	
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).....	296500.00	

**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

Write or Type Committee Name  
CALONGNE FOR CONGRESS INC

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees	18500.00	18500.00
(i) Itemized (use Schedule A).....	1526.43	1526.43
(ii) Unitemized.....	20026.43	20026.43
(iii) TOTAL of contributions from individuals..... ▶	2250.00	2250.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACS).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	22276.43	22276.43
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....</b>	0.00	0.00
<b>13. LOANS</b>		
(a) Made or Guaranteed by the Candidate.....	32500.00	32500.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	32500.00	32500.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	200.00	200.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	54976.43	54976.43

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	68020.36	68020.36
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	100.00	100.00
(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 20(a), (b), and (c)).....	100.00	100.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	68120.36	68120.36

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	13778.77
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	54976.43
25. SUBTOTAL (add Line 23 and Line 24).....	68755.20
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	68120.36
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	634.84

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 46  
(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)  
**CALONGNE FOR CONGRESS INC**

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

Mailing Address 3533 Willow Bay Drive

City State Zip Code  
Baton Rouge LA 70809

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Robert Rose Consulting Consultant

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼  
 Runoff 250.00

Date of Receipt MM / DD / YYYY  
06 / 06 / 2008

**Transaction ID:** SA11AI.5236

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 736 Woodstone Drive

City State Zip Code  
Baton Rouge LA 70808

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Charles Bondy General Contract Owner

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼  
 Runoff 2000.00

Date of Receipt MM / DD / YYYY  
04 / 03 / 2008

**Transaction ID:** SA11AI.5086

Amount of Each Receipt this Period  
2000.00

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

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

Mailing Address 10720 Danbury Drive

City State Zip Code  
Baton Rouge LA 70809

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Bradley Blewster Architect

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼  
 Runoff 250.00

Date of Receipt MM / DD / YYYY  
06 / 02 / 2008

**Transaction ID:** SA11AI.5231

Amount of Each Receipt this Period  
250.00

Contribution  
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**CALONGNE FOR CONGRESS INC**

<b>A.</b>	Full Name (Last, First, Middle Initial) Norman Chenevert		Date of Receipt MM / DD / YYYY 04 / 04 / 2008
	Mailing Address 6767 Perkins Road		<b>Transaction ID:</b> SA11AI.5094
	City Baton Rouge	State LA	Zip Code 70808
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
	Name of Employer Chenevert Architects	Occupation Architect	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff	Election Cycle-to-Date ▼ 250.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Joseph Clements		Date of Receipt MM / DD / YYYY 04 / 04 / 2008
	Mailing Address 5422 S. Pointer Ct.		<b>Transaction ID:</b> SA11AI.5093
	City Baton Rouge	State LA	Zip Code 70808
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
	Name of Employer Clements Mgmt. LLC	Occupation Burger King Franchise Operator	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff	Election Cycle-to-Date ▼ 500.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Doris Clouatre		Date of Receipt MM / DD / YYYY 04 / 02 / 2008
	Mailing Address 17156 West Swamp Road		<b>Transaction ID:</b> SA11AI.4893
	City Prairieville	State LA	Zip Code
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
	Name of Employer Retired	Occupation Retired	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff	Election Cycle-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 7 / 46
(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)  
**CALONGNE FOR CONGRESS INC**

<b>A.</b>	Full Name (Last, First, Middle Initial) Crump Wilson Architects		Date of Receipt MM / DD / YYYY 06 / 09 / 2008
	Mailing Address 2354 S. Acadian Thruway Suite I		Transaction ID: SA11AI.5254
	City Baton Rouge	State LA	Zip Code 70808
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
	Name of Employer		Occupation
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff		Election Cycle-to-Date ▼ 1000.00	Contribution <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) Michael Wilson		Date of Receipt MM / DD / YYYY 06 / 09 / 2008
	Mailing Address 16226 Feliciana Ave.		Transaction ID: SA11AI.5254.0
	City Prairieville	State LA	Zip Code 70769
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 800.00
	Name of Employer Wilson Architects		Occupation Architect
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff		Election Cycle-to-Date ▼ 800.00	Contribution <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) Mary Garner Devoe		Date of Receipt MM / DD / YYYY 06 / 09 / 2008
	Mailing Address 622 Woodgate Blvd.		Transaction ID: SA11AI.5244
	City Baton Rouge	State LA	Zip Code 70808
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
	Name of Employer Keller Williams		Occupation Realtor
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff		Election Cycle-to-Date ▼ 250.00	Contribution <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) .....	<b>1250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 8 / 46</span>
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**CALONGNE FOR CONGRESS INC**

<b>A.</b>	Full Name (Last, First, Middle Initial) Henry Eyre Jr.	Date of Receipt MM / DD / YYYY 04 / 02 / 2008
	Mailing Address 7423 Picardy Ave, Suite E	<b>Transaction ID:</b> SA11AI.5073
	City State Zip Code Baton Rouge LA 70808	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Henry C. Eyre Engineering Owner/Engineer	
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff	Election Cycle-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Luis Gonzalez	Date of Receipt MM / DD / YYYY 06 / 09 / 2008
	Mailing Address 3745 Lake La Berge Court	<b>Transaction ID:</b> SA11AI.5248
	City State Zip Code Baton Rouge LA 70816	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation J&J Electrical Best Efforts	
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff	Election Cycle-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Milton Graugnard	Date of Receipt MM / DD / YYYY 04 / 01 / 2008
	Mailing Address 21109 Turkey Creek Drive	<b>Transaction ID:</b> SA11AI.4896
	City State Zip Code Baton Rouge LA 70818	Amount of Each Receipt this Period 2300.00
	FEC ID number of contributing federal political committee. C	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Cajun Industries LLC Vice President	
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff	Election Cycle-to-Date ▼ 2300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3300.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER: PAGE 9 / 46  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
CALONGNE FOR CONGRESS INC

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

Mailing Address 21109 Turkey Creek Drive

City State Zip Code  
Baton Rouge LA 70818

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

Name of Employer Occupation  
Cajun Industries LLC Vice President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	1	/	2	0	0	8

**Transaction ID:** SA11AI.4906

Amount of Each Receipt this Period  
200.00

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

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

Mailing Address 3310 Hyacinth Ave.

City State Zip Code  
Baton Rouge LA 70808

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

Name of Employer Occupation  
Raising Canes Restuarant Founder

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
Runoff

Election Cycle-to-Date ▼ 250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	4	/	2	0	0	8

**Transaction ID:** SA11AI.5233

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 13754 Lexham Gardens Ave.

City State Zip Code  
Baton Rouge LA 70810

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
Runoff

Election Cycle-to-Date ▼ 250.00

Date of Receipt  

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

**Transaction ID:** SA11AI.5242

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **700.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**CALONGNE FOR CONGRESS INC**

**A.**

Full Name (Last, First, Middle Initial)  
Cliff Grout

Mailing Address 1224 Carolyn Sue Drive

City State Zip Code  
Baton Rouge LA 70815

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

Name of Employer Group Novak LLC Occupation Architect

Receipt For: 2008  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date **250.00**

Date of Receipt  
MM / DD / YYYY  
06 / 09 / 2008

**Transaction ID:** SA11AI.5243

Amount of Each Receipt this Period  
**250.00**

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

**B.**

Full Name (Last, First, Middle Initial)  
Garry Lewis

Mailing Address 3458 Drusilla Lane

City State Zip Code  
Baton Rouge LA 70809

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

Name of Employer Garry Lewis Properties Occupation Owner

Receipt For: 2008  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date **250.00**

Date of Receipt  
MM / DD / YYYY  
06 / 13 / 2008

**Transaction ID:** SA11AI.5263

Amount of Each Receipt this Period  
**250.00**

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

**C.**

Full Name (Last, First, Middle Initial)  
Jeffrey Lewis

Mailing Address 923 Crown Way

City State Zip Code  
Baton Rouge LA 70806

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

Name of Employer Lewis Inc. Occupation President

Receipt For: 2008  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date **1000.00**

Date of Receipt  
MM / DD / YYYY  
04 / 18 / 2008

**Transaction ID:** SA11AI.5100

Amount of Each Receipt this Period  
**1000.00**

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

**SUBTOTAL** of Receipts This Page (optional) ..... **1500.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**CALONGNE FOR CONGRESS INC**

<b>A.</b>	Full Name (Last, First, Middle Initial) Robert Livingston	Date of Receipt MM / DD / YYYY 06 / 13 / 2008
	Mailing Address 499 S. Capitol Street, S.W. Suite 600	<b>Transaction ID:</b> SA11AI.5264
	City Washington State DC Zip Code 20003	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer The Livingston Group Occupation Partner Receipt For: 2008 Election Cycle-to-Date <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Michael Mahaffey	Date of Receipt MM / DD / YYYY 06 / 09 / 2008
	Mailing Address 730 Steele Blvd.	<b>Transaction ID:</b> SA11AI.5237
	City Baton Rouge State LA Zip Code 70806	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Self Occupation Consultant Receipt For: 2008 Election Cycle-to-Date <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Claude Minor Sr.	Date of Receipt MM / DD / YYYY 06 / 09 / 2008
	Mailing Address 105 Traylor Street	<b>Transaction ID:</b> SA11AI.5240
	City Rayville State LA Zip Code 71269	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Best Efforts Occupation Attorney Receipt For: 2008 Election Cycle-to-Date <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 46

(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)  
CALONGNE FOR CONGRESS INC

**A.**

Full Name (Last, First, Middle Initial)  
Gail Philibert

Mailing Address 5100 Wade Drive

City State Zip Code  
Metairie LA 70003

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

Name of Employer Occupation  
Rapco Associates Inc. Sales

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ Runoff 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.5224

Amount of Each Receipt this Period

250.00

Contribution

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

**B.**

Full Name (Last, First, Middle Initial)  
George Michael Schaffer

Mailing Address 2825 Morning Glory Ave.

City State Zip Code  
Baton Rouge LA 70808

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

Name of Employer Occupation  
American Utility Metals President

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ Runoff 500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.5091

Amount of Each Receipt this Period

500.00

Contribution

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

**C.**

Full Name (Last, First, Middle Initial)  
Tom Schedler

Mailing Address P.O. Box 1656

City State Zip Code  
Slidell LA 70459

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

Name of Employer Occupation  
State of Louisiana Senator

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ Runoff 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.5229

Amount of Each Receipt this Period

250.00

Contribution

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

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

1000.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
CALONGNE FOR CONGRESS INC

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Susan Thompson	Date of Receipt MM / DD / YYYY 06 / 09 / 2008
	Mailing Address 1628 Campden Drive	<b>Transaction ID:</b> SA11AI.5246
	City State Zip Code Baton Rouge LA 70810	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self	Occupation Psychiatrist	
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Vicky Tiller	Date of Receipt MM / DD / YYYY 06 / 09 / 2008
	Mailing Address 7539 Boone Drive	<b>Transaction ID:</b> SA11AI.5239
	City State Zip Code Baton Rouge LA 70808	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer LSU	Occupation Research Associate	
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) John Tyner	Date of Receipt MM / DD / YYYY 04 / 03 / 2008
	Mailing Address 17952 Grand Cypress Creek Ave.	<b>Transaction ID:</b> SA11AI.5082
	City State Zip Code Baton Rouge LA 70810	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Best Effort	Occupation Best Effort	
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**CALONGNE FOR CONGRESS INC**

<b>A.</b>	Full Name (Last, First, Middle Initial) Wall's Gator Farm		Date of Receipt
	Mailing Address 26900 Hwy. 1037		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 0 1 / 2 0 0 8
	City	State	Zip Code
	Springfield	LA	70462
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.4894
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 3000.00
<input type="checkbox"/> Primary <input type="checkbox"/> General			Contribution
<input checked="" type="checkbox"/> Other (specify) ▼ Runoff		<input type="text"/> 3000.00	<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) Scarlett Wall		Date of Receipt
	Mailing Address 26900 Hwy. 1037		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 0 1 / 2 0 0 8
	City	State	Zip Code
	Springfield	LA	70462
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.4894.0
Name of Employer Wall's Gator Farm LLC		Occupation Owner	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 1500.00
<input type="checkbox"/> Primary <input type="checkbox"/> General			Contribution
<input checked="" type="checkbox"/> Other (specify) ▼ Runoff		<input type="text"/> 1500.00	<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) Nathan Wall		Date of Receipt
	Mailing Address 26900 Hwy. 1037		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 0 1 / 2 0 0 8
	City	State	Zip Code
	Springfield	LA	70462
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.4894.1
Name of Employer Wall's Gator Farm LLC		Occupation Owner	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 1500.00
<input type="checkbox"/> Primary <input type="checkbox"/> General			Contribution
<input checked="" type="checkbox"/> Other (specify) ▼ Runoff		<input type="text"/> 1500.00	<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) .....	<input type="text"/> 3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 46  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
CALONGNE FOR CONGRESS INC

A.

Full Name (Last, First, Middle Initial) Tara Young		Date of Receipt MM / DD / YYYY 04 / 05 / 2008
Mailing Address 22454 Achord Road		Transaction ID: SA11AI.5098
City Denham Springs	State LA	Zip Code 70726
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Alvin Fairburn & Assoc. LLC	Occupation Office Manager	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff	Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	18500.00

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 46  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
CALONGNE FOR CONGRESS INC

**A.** Full Name (Last, First, Middle Initial)  
COMMITTEE FOR THE PRESERVATION OF CAPITALISM (GPC), THE

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: 2008  
 Primary  General  
 Other (specify) ▼  
 Runoff

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 1 9 / 2 0 0 8

**Transaction ID:** SA11B.5218

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address P.O. Box 65314

City State Zip Code  
Washington DC 20036

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

Name of Employer Occupation  
Committee for the Preservation Chairman

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
 Runoff

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 1 4 / 2 0 0 8

**Transaction ID:** SA11B.5218.0

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
John Lyles Campaign Fund

Mailing Address 7608 Tipperary Drive

City State Zip Code  
Baton Rouge LA 70808

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
 Runoff

Election Cycle-to-Date ▼ 250.00

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

**Transaction ID:** SA11B.5078

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 46  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
CALONGNE FOR CONGRESS INC

A.

Full Name (Last, First, Middle Initial)  
RODNEY ALEXANDER FOR CONGRESS INC.

Mailing Address PO Box 367  
319 NANCY ROAD

City State Zip Code  
Quitman LA 71268

FEC ID number of contributing federal political committee. **C** C00376749

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
 Runoff

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

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

Transaction ID: SA11B.5252

Amount of Each Receipt this Period

1000.00

Contribution

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	2250.00

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

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

FOR LINE NUMBER: PAGE 18 / 46  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
CALONGNE FOR CONGRESS INC

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

Mailing Address 18081 N. Mission Hills Ave.

City State Zip Code  
BATON ROUGE LA 70809

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

Name of Employer Occupation  
Robert Rose Consulting Owner

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼  
 Runoff

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 7 / 2 0 0 8

**Transaction ID:** SA13A.5067

Amount of Each Receipt this Period  
15000.00

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

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

Mailing Address 18081 N. Mission Hills Ave.

City State Zip Code  
BATON ROUGE LA 70809

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

Name of Employer Occupation  
Robert Rose Consulting Owner

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼  
 Runoff

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 1 0 / 2 0 0 8

**Transaction ID:** SA13A.5286

Amount of Each Receipt this Period  
3500.00

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

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

Mailing Address 18081 N. Mission Hills Ave.

City State Zip Code  
BATON ROUGE LA 70809

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

Name of Employer Occupation  
Robert Rose Consulting Owner

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼  
 Runoff

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 0 8

**Transaction ID:** SA13A.5266

Amount of Each Receipt this Period  
14000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **32500.00**

**TOTAL** This Period (last page this line number only) ..... ► **32500.00**

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

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

FOR LINE NUMBER:  
(check only one)

<input 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)  
CALONGNE FOR CONGRESS INC

A.	Full Name (Last, First, Middle Initial) Advantage	Transaction ID: SB17.5125 Date of Disbursement 04 / 10 / 2008
	Mailing Address 2300 Clarendon Blvd. Suite 1004	Amount of Each Disbursement this Period 341.52
	City Arlington State VA Zip Code 22201	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Robocall Candidate Name CALONGNE FOR CONGRESS INC Category/Type 003	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 06	
	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff	

B.	Full Name (Last, First, Middle Initial) AT&T	Transaction ID: SB17.5270 Date of Disbursement 05 / 27 / 2008
	Mailing Address 6401 Bluebonnet Blvd. Suite 1012	Amount of Each Disbursement this Period 86.15
	City Baton Rouge State LA Zip Code 70836	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Monthly Phone Service Candidate Name CALONGNE FOR CONGRESS INC Category/Type 001	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 06	
	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff	

C.	Full Name (Last, First, Middle Initial) AT&T	Transaction ID: SB17.5274 Date of Disbursement 06 / 25 / 2008
	Mailing Address 6401 Bluebonnet Blvd. Suite 1012	Amount of Each Disbursement this Period 85.11
	City Baton Rouge State LA Zip Code 70836	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Monthly Phone Service Candidate Name CALONGNE FOR CONGRESS INC Category/Type 001	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 06	
	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>512.78</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
CALONGNE FOR CONGRESS INC

<b>A.</b>	Full Name (Last, First, Middle Initial) Nikki Barton  Mailing Address 14433 Ridgewood Ave.  City Prairieville State LA Zip Code 70769  Purpose of Disbursement Walking/Litdrop Candidate Name CALONGNE FOR CONGRESS INC Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 06  Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff	Transaction ID: SB17.5138 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 9 / 2 0 0 8  Amount of Each Disbursement this Period 240.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Baton Rouge Printing  Mailing Address P.O. Box 97  City Baton Rouge State LA Zip Code 70821  Purpose of Disbursement Direct Mail Candidate Name CALONGNE FOR CONGRESS INC Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 06  Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff	Transaction ID: SB17.5132 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 8  Amount of Each Disbursement this Period 3131.57  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Baton Rouge Printing  Mailing Address P.O. Box 97  City Baton Rouge State LA Zip Code 70821  Purpose of Disbursement Direct Mail Candidate Name CALONGNE FOR CONGRESS INC Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 06  Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff	Transaction ID: SB17.5133 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 8  Amount of Each Disbursement this Period 4858.13  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	8229.70
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
CALONGNE FOR CONGRESS INC

A.	Full Name (Last, First, Middle Initial) BrabenderCox	Transaction ID: SB17.5129 Date of Disbursement 04 / 15 / 2008
	Mailing Address 1218 Grandview Ave. 1st Floor	Amount of Each Disbursement this Period 833.30
	City Pittsburgh State PA Zip Code 15211	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement April Consulting Services Candidate Name CALONGNE FOR CONGRESS INC Category/Type 003	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 06	
	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff	

B.	Full Name (Last, First, Middle Initial) BrabenderCox	Transaction ID: SB17.5282 Date of Disbursement 06 / 09 / 2008
	Mailing Address 1218 Grandview Ave. 1st Floor	Amount of Each Disbursement this Period 2500.00
	City Pittsburgh State PA Zip Code 15211	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement 1/2 Monthly Service Candidate Name CALONGNE FOR CONGRESS INC Category/Type 003	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 06	
	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff	

C.	Full Name (Last, First, Middle Initial) Breazeale, Sachse & Wilson LLP	Transaction ID: SB17.5111 Date of Disbursement 04 / 21 / 2008
	Mailing Address P.O. Box 3197	Amount of Each Disbursement this Period 1171.00
	City Baton Rouge State LA Zip Code 70821	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Legal Fees w/Campaign Committee Startup Candidate Name CALONGNE FOR CONGRESS INC Category/Type 001	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 06	
	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4504.30</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
CALONGNE FOR CONGRESS INC

A.

Full Name (Last, First, Middle Initial)  
Capital One

Transaction ID: SB17.5117  
Date of Disbursement

Mailing Address P.O. Box 61540

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	0	8

City State Zip Code  
New Orleans LA 70161

Amount of Each Disbursement this Period

260.00
--------

Purpose of Disbursement  
Withdraw for Postage

001
-----

Category/  
Type

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

Candidate Name  
CALONGNE FOR CONGRESS INC

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: LA District: 06

Runoff

B.

Full Name (Last, First, Middle Initial)  
Complete Campaigns

Transaction ID: SB17.5126  
Date of Disbursement

Mailing Address 610 Gateway Center Way

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	0	8

City State Zip Code  
San Diego CA 92102

Amount of Each Disbursement this Period

367.00
--------

Purpose of Disbursement  
April Service

003
-----

Category/  
Type

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

Candidate Name  
CALONGNE FOR CONGRESS INC

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: LA District: 06

Runoff

C.

Full Name (Last, First, Middle Initial)  
Complete Campaigns

Transaction ID: SB17.5278  
Date of Disbursement

Mailing Address 610 Gateway Center Way

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

City State Zip Code  
San Diego CA 92102

Amount of Each Disbursement this Period

153.90
--------

Purpose of Disbursement  
Services

003
-----

Category/  
Type

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

Candidate Name  
CALONGNE FOR CONGRESS INC

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: LA District: 06

Runoff

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

780.90
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**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
CALONGNE FOR CONGRESS INC

A.	Full Name (Last, First, Middle Initial) Connelly Press & Copy	Transaction ID: SB17.5110 Date of Disbursement
	Mailing Address 9864 Professional Blvd.	<input type="text" value="04"/> / <input type="text" value="10"/> / <input type="text" value="2008"/>
	City Baton Rouge State LA Zip Code 70809	Amount of Each Disbursement this Period
	Purpose of Disbursement Letterhead	<input type="text" value="256.15"/>
	Candidate Name CALONGNE FOR CONGRESS INC	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 06	Category/Type <input type="text" value="001"/>
	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
	Runoff	

B.	Full Name (Last, First, Middle Initial) Franklin Direct Mail and Printing	Transaction ID: SB17.5130 Date of Disbursement
	Mailing Address P.O. Box 1269	<input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2008"/>
	City Baton Rouge State LA Zip Code 70821	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Mail/Postage	<input type="text" value="6455.26"/>
	Candidate Name CALONGNE FOR CONGRESS INC	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 06	Category/Type <input type="text" value="006"/>
	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
	Runoff	

C.	Full Name (Last, First, Middle Initial) Funding Services	Transaction ID: SB17.5279 Date of Disbursement
	Mailing Address 611 North Street	<input type="text" value="06"/> / <input type="text" value="10"/> / <input type="text" value="2008"/>
	City Baton Rouge State LA Zip Code 70802	Amount of Each Disbursement this Period
	Purpose of Disbursement Monthly Fundraising Consulting Service	<input type="text" value="3500.00"/>
	Candidate Name CALONGNE FOR CONGRESS INC	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 06	Category/Type <input type="text" value="003"/>
	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
	Runoff	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="10211.41"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
CALONGNE FOR CONGRESS INC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Jon Kayser</p> <p>Mailing Address 4030 Balmoral Suite B</p> <p>City Huntsville State AL Zip Code 35801</p> <p>Purpose of Disbursement Walking/Litdrop; gas stipend</p> <p>Candidate Name CALONGNE FOR CONGRESS INC</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: LA District: 06</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Runoff</p>	<p><b>Transaction ID:</b> SB17.5184</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 259.80</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Magellan Data &amp; Mapping Strategies</p> <p>Mailing Address 1685 Boxelder St. Suite 300</p> <p>City Louisville State CO Zip Code 80027-3059</p> <p>Purpose of Disbursement Poll</p> <p>Candidate Name CALONGNE FOR CONGRESS INC</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: LA District: 06</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Runoff</p>	<p><b>Transaction ID:</b> SB17.5283</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 14000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Mail Bag, The</p> <p>Mailing Address 7575 Jefferson Hwy.</p> <p>City Baton Rouge State LA Zip Code 70809</p> <p>Purpose of Disbursement Posage, Mail Box, Shipping, etc.</p> <p>Candidate Name CALONGNE FOR CONGRESS INC</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: LA District: 06</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Runoff</p>	<p><b>Transaction ID:</b> SB17.5107</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 599.54</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

14859.34

**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)

<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)  
CALONGNE FOR CONGRESS INC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mail Bag, The</p> <p>Mailing Address 7575 Jefferson Hwy.</p> <p>City Baton Rouge State LA Zip Code 70809</p> <p>Purpose of Disbursement Mailbox renewal</p> <p>Candidate Name CALONGNE FOR CONGRESS INC</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: LA District: 06</p> <p>Disbursement For: 2008</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Runoff</p>	<p><b>Transaction ID:</b> SB17.5271</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="36.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) McRei, Inc.</p> <p>Mailing Address 3937 Pines Road, Suite I</p> <p>City Shreveport State LA Zip Code 71119</p> <p>Purpose of Disbursement Phone Banks</p> <p>Candidate Name CALONGNE FOR CONGRESS INC</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: LA District: 06</p> <p>Disbursement For: 2008</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Runoff</p>	<p><b>Transaction ID:</b> SB17.5135</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5000.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) McRei, Inc.</p> <p>Mailing Address 3937 Pines Road, Suite I</p> <p>City Shreveport State LA Zip Code 71119</p> <p>Purpose of Disbursement Phone Banks</p> <p>Candidate Name CALONGNE FOR CONGRESS INC</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: LA District: 06</p> <p>Disbursement For: 2008</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Runoff</p>	<p><b>Transaction ID:</b> SB17.5136</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5000.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
CALONGNE FOR CONGRESS INC

A.	Full Name (Last, First, Middle Initial) McRei, Inc.	Transaction ID: SB17.5137 Date of Disbursement 04 / 24 / 2008
	Mailing Address 3937 Pines Road, Suite I	Amount of Each Disbursement this Period 2500.00
	City Shreveport State LA Zip Code 71119	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Phone Banks Candidate Name CALONGNE FOR CONGRESS INC Category/Type 007	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 06 Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff	

B.	Full Name (Last, First, Middle Initial) McRei, Inc.	Transaction ID: SB17.5284 Date of Disbursement 05 / 27 / 2008
	Mailing Address 3937 Pines Road, Suite I	Amount of Each Disbursement this Period 2500.00
	City Shreveport State LA Zip Code 71119	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Phone Banks Candidate Name CALONGNE FOR CONGRESS INC Category/Type 007	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 06 Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff	

C.	Full Name (Last, First, Middle Initial) Postlethwaite & Netterville, APAC	Transaction ID: SB17.5272 Date of Disbursement 06 / 04 / 2008
	Mailing Address 8550 United Plaza Blvd. Suite 1001	Amount of Each Disbursement this Period 2750.00
	City Baton Rouge State LA Zip Code 70809	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Accounting Services Candidate Name CALONGNE FOR CONGRESS INC Category/Type 001	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 06 Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff	

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

7750.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
CALONGNE FOR CONGRESS INC

A.	Full Name (Last, First, Middle Initial) Robert Rose Consulting	Transaction ID: SB17.5113 Date of Disbursement
	Mailing Address 4317-B Bluebonnet Blvd.	<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City Baton Rouge State LA Zip Code 70809	Amount of Each Disbursement this Period
	Purpose of Disbursement Office Space Rent	<input type="text" value="688.19"/>
	Candidate Name CALONGNE FOR CONGRESS INC	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 06	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
	Runoff	Category/Type <input type="text" value="001"/>

B.	Full Name (Last, First, Middle Initial) Robert Rose Consulting	Transaction ID: SB17.5276 Date of Disbursement
	Mailing Address 4317-B Bluebonnet Blvd.	<input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2008"/>
	City Baton Rouge State LA Zip Code 70809	Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign Mgr.	<input type="text" value="1583.30"/>
	Candidate Name CALONGNE FOR CONGRESS INC	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 06	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
	Runoff	Category/Type <input type="text" value="001"/>

C.	Full Name (Last, First, Middle Initial) Robert Rose Consulting	Transaction ID: SB17.5275 Date of Disbursement
	Mailing Address 4317-B Bluebonnet Blvd.	<input type="text" value="06"/> / <input type="text" value="17"/> / <input type="text" value="2008"/>
	City Baton Rouge State LA Zip Code 70809	Amount of Each Disbursement this Period
	Purpose of Disbursement Office Space Rent/Campaign Mgr	<input type="text" value="378.95"/>
	Candidate Name CALONGNE FOR CONGRESS INC	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 06	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
	Runoff	Category/Type <input type="text" value="001"/>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2650.44"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
CALONGNE FOR CONGRESS INC

A.	Full Name (Last, First, Middle Initial) Robert Rose Consulting <hr/> Mailing Address 4317-B Bluebonnet Blvd. <hr/> City Baton Rouge State LA Zip Code 70809 <hr/> Purpose of Disbursement Office Space Rent Candidate Name CALONGNE FOR CONGRESS INC Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 06 Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff	Transaction ID: SB17.5277 Date of Disbursement 06 / 18 / 2008 <hr/> Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Robert Rose Consulting <hr/> Mailing Address 4317-B Bluebonnet Blvd. <hr/> City Baton Rouge State LA Zip Code 70809 <hr/> Purpose of Disbursement Fundraising Event Reimbursement Candidate Name CALONGNE FOR CONGRESS INC Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 06 Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff	Transaction ID: SB17.5281 Date of Disbursement 06 / 18 / 2008 <hr/> Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) U.S. Postmaster <hr/> Mailing Address Commerce Park Station <hr/> City Baton Rouge State LA Zip Code 70810 <hr/> Purpose of Disbursement Postage Candidate Name CALONGNE FOR CONGRESS INC Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 06 Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff	Transaction ID: SB17.5114 Date of Disbursement 04 / 01 / 2008 <hr/> Amount of Each Disbursement this Period 981.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2481.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
CALONGNE FOR CONGRESS INC

<p><b>A.</b> Full Name (Last, First, Middle Initial) U.S. Postmaster</p> <p>Mailing Address Commerce Park Station</p> <p>City Baton Rouge State LA Zip Code 70810</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name CALONGNE FOR CONGRESS INC</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: LA District: 06</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Runoff</p>	<p><b>Transaction ID:</b> SB17.5120</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="780.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) U.S. Postmaster</p> <p>Mailing Address Commerce Park Station</p> <p>City Baton Rouge State LA Zip Code 70810</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name CALONGNE FOR CONGRESS INC</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: LA District: 06</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Runoff</p>	<p><b>Transaction ID:</b> SB17.5289</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="338.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) U.S. Postmaster</p> <p>Mailing Address Commerce Park Station</p> <p>City Baton Rouge State LA Zip Code 70810</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name CALONGNE FOR CONGRESS INC</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: LA District: 06</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Runoff</p>	<p><b>Transaction ID:</b> SB17.5116</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="52.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
CALONGNE FOR CONGRESS INC

<b>A.</b> Full Name (Last, First, Middle Initial) U.S. Postmaster <hr/> Mailing Address Commerce Park Station <hr/> City Baton Rouge State LA Zip Code 70810 Purpose of Disbursement Postage Candidate Name CALONGNE FOR CONGRESS INC Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 06 Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff	Transaction ID: SB17.5118 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period 202.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Blake Vicknair <hr/> Mailing Address 14433 Ridgewood Ave. <hr/> City Prairieville State LA Zip Code 70769 Purpose of Disbursement Walking/Litdrop Candidate Name CALONGNE FOR CONGRESS INC Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 06 Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff	Transaction ID: SB17.5139 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 9 / 2 0 0 8
	Amount of Each Disbursement this Period 203.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) VPhones <hr/> Mailing Address 7145 SW Varns St Suite 101 <hr/> City Tigard State OR Zip Code 97223 Purpose of Disbursement Robocall Candidate Name CALONGNE FOR CONGRESS INC Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 06 Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff	Transaction ID: SB17.5127 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 8
	Amount of Each Disbursement this Period 1898.46 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2304.26
<b>TOTAL</b> 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 31 / 46

<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)  
CALONGNE FOR CONGRESS INC

A.

Full Name (Last, First, Middle Initial)  
Devonna Wolfe

Mailing Address 2513 Hillrose Pl

City Oxnard State CA Zip Code 93036

Purpose of Disbursement  
Issue Research

Candidate Name  
CALONGNE FOR CONGRESS INC

Office Sought:  House  
 Senate  
 President

State: LA District: 06

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Runoff

Transaction ID: SB17.5108

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	0	/	2	0	0	8

Amount of Each Disbursement this Period

319.99
--------

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

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

319.99

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

65810.12

SCHEDULE C (FEC Form 3)

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

LOANS

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full) CALONGNE FOR CONGRESS INC

Transaction ID: SC/10.4388

LOAN SOURCE Full Name (Last, First, Middle Initial) LAURINDA L CALONGNE - [PERSONAL FUNDS]

Election: [X] Primary [ ] General [ ] Other (specify) ▼

Mailing Address 18081 N. Mission Hills Ave.

City BATON ROUGE State LA ZIP Code 70809

Table with 3 columns: Original Amount of Loan (50000.00), Cumulative Payment To Date (0.00), Balance Outstanding at Close of This Period (50000.00)

TERMS

Date Incurred (MM/01, DD/29, YYYY/2008), Date Due (On Demand), Interest Rate (0.0000 % (apr)), Secured: [ ] Yes [X] No

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

Table with 4 columns: Full Name, Mailing Address, City/State/ZIP, Name of Employer/Occupation/Amount Guaranteed Outstanding. Contains 5 empty rows for guarantors.

SUBTOTALS This Period This Page (optional) 50000.00
TOTALS This Period (last page in this line only) .00

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



**SCHEDULE C (FEC Form 3)**

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

FOR LINE NUMBER:  
(check only one)  13a  
 13b

**LOANS**

NAME OF COMMITTEE (In Full)  
CALONGNE FOR CONGRESS INC

Transaction ID: SC/10.4389

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
LAURINDA L CALONGNE - [PERSONAL FUNDS]

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address 18081 N. Mission Hills Ave.

City BATON ROUGE State LA ZIP Code 70809

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

**TERMS**

Date Incurred: MM DD YY YY  02  06 2008  
Date Due: On Demand  
Interest Rate: 0.0000 % (apr)  
Secured:  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:

<b>SUBTOTALS</b> This Period This Page (optional) .....	▶	10000.00
<b>TOTALS</b> This Period (last page in this line only) .....	▶	.00

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

**SCHEDULE C (FEC Form 3)**

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

**LOANS**

FOR LINE NUMBER:  
(check only one)  13a  
 13b

NAME OF COMMITTEE (In Full)  
CALONGNE FOR CONGRESS INC

Transaction ID: SC/10.4390

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
LAURINDA L CALONGNE - [PERSONAL FUNDS]

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address 18081 N. Mission Hills Ave.

City BATON ROUGE State LA ZIP Code 70809

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
40000.00	0.00	40000.00

**TERMS**

Date Incurred: MM DD YY Y Y Y Y  Secured:  Yes  No  
 02 11 2008 On Demand Interest Rate: 0.0000 % (apr)

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:

<b>SUBTOTALS</b> This Period This Page (optional) .....	▶	40000.00
<b>TOTALS</b> This Period (last page in this line only) .....	▶	.00

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

**SCHEDULE C (FEC Form 3)**

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

**LOANS**

FOR LINE NUMBER:  
(check only one)  13a  
 13b

NAME OF COMMITTEE (In Full)  
CALONGNE FOR CONGRESS INC

Transaction ID: SC/10.4391

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
LAURINDA L CALONGNE - [PERSONAL FUNDS]

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address 18081 N. Mission Hills Ave.

City BATON ROUGE State LA ZIP Code 70809

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
15000.00	0.00	15000.00

**TERMS**

Date Incurred: MM DD YY Y Y Y Y  Secured:  Yes  No  
 02 13 2008 On Demand Interest Rate: 0.0000 % (apr)

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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	▶	15000.00
<b>TOTALS</b> This Period (last page in this line only) .....	▶	.00

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

**SCHEDULE C (FEC Form 3)**

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

**LOANS**

FOR LINE NUMBER:  
(check only one)  13a  
 13b

NAME OF COMMITTEE (In Full)  
CALONGNE FOR CONGRESS INC

Transaction ID: SC/10.4399

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
LAURINDA L CALONGNE

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address 18081 N. Mission Hills Ave.

City BATON ROUGE State LA ZIP Code 70809

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25000.00	0.00	25000.00

**TERMS**

Date Incurred: MM DD YY YY  On Demand Interest Rate: 0.0000 % (apr) Secured:  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:

<b>SUBTOTALS</b> This Period This Page (optional) .....	▶ 25000.00
<b>TOTALS</b> This Period (last page in this line only) .....	▶ .00

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

**SCHEDULE C (FEC Form 3)**

**LOANS**

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

FOR LINE NUMBER: (check only one)  13a  13b

NAME OF COMMITTEE (In Full)  
CALONGNE FOR CONGRESS INC

Transaction ID: SC/10.4410

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
LAURINDA L CALONGNE

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address 18081 N. Mission Hills Ave.

City BATON ROUGE State LA ZIP Code 70809

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2000.00	0.00	2000.00

**TERMS**

Date Incurred: MM 02 DD 26 YYYY 2008  
 Date Due: On Demand  
 Interest Rate: 0.0000 % (apr)  
 Secured:  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:

<b>SUBTOTALS</b> This Period This Page (optional) .....	2000.00
<b>TOTALS</b> This Period (last page in this line only) .....	.00

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

**SCHEDULE C (FEC Form 3)**

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

**LOANS**

FOR LINE NUMBER:  
(check only one)  13a  
 13b

NAME OF COMMITTEE (In Full)  
CALONGNE FOR CONGRESS INC

Transaction ID: SC/10.4416

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
LAURINDA L CALONGNE - [PERSONAL FUNDS]

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address 18081 N. Mission Hills Ave.

City BATON ROUGE State LA ZIP Code 70809

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2000.00	0.00	2000.00

**TERMS**

Date Incurred: MM DD YYYY     
Date Due: On Demand  
Interest Rate: 0.0000 % (apr)  
Secured:  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: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="2000.00"/>
<b>TOTALS</b> This Period (last page in this line only) .....	<input type="text" value=".00"/>

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

# SCHEDULE C (FEC Form 3)

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

## LOANS

FOR LINE NUMBER:  
(check only one)  13a  
 13b

NAME OF COMMITTEE (In Full)  
CALONGNE FOR CONGRESS INC

Transaction ID: SC/10.4422

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
LAURINDA L CALONGNE - [PERSONAL FUNDS]

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address 18081 N. Mission Hills Ave.

City BATON ROUGE State LA ZIP Code 70809

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
40000.00	0.00	40000.00

### TERMS

Date Incurred: MM DD YY     
 Date Due: On Demand  
 Interest Rate: 0.0000 % (apr)  
 Secured:  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: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="40000.00"/>
<b>TOTALS</b> This Period (last page in this line only) .....	<input type="text" value=".00"/>

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

# SCHEDULE C (FEC Form 3)

## LOANS

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

FOR LINE NUMBER:  
(check only one)  13a  
 13b

NAME OF COMMITTEE (In Full)  
CALONGNE FOR CONGRESS INC

Transaction ID: SC/10.4428

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
LAURINDA L CALONGNE - [PERSONAL FUNDS]

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address 18081 N. Mission Hills Ave.

City BATON ROUGE State LA ZIP Code 70809

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	0.00	5000.00

### TERMS

Date Incurred: MM 03 DD 03 YYYY 2008  
 Date Due: On Demand  
 Interest Rate: 0.0000 % (apr)  
 Secured:  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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	▶	5000.00
<b>TOTALS</b> This Period (last page in this line only) .....	▶	.00

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



# SCHEDULE C (FEC Form 3)

## LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 41 / 46
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)  
CALONGNE FOR CONGRESS INC

**Transaction ID: SC/10.4432**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) LAURINDA L CALONGNE - [PERSONAL FUNDS]	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 18081 N. Mission Hills Ave.	
City BATON ROUGE State LA ZIP Code 70809	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25000.00	0.00	25000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 03 D D 05 Y Y Y Y 2008	On Demand	0.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>25000.00</b>
<b>TOTALS</b> This Period (last page in this line only) .....	<b>.00</b>

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

# SCHEDULE C (FEC Form 3)

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

## LOANS

FOR LINE NUMBER:  
(check only one)  13a  
 13b

NAME OF COMMITTEE (In Full)  
CALONGNE FOR CONGRESS INC

Transaction ID: SC/10.4834

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
LAURINDA L CALONGNE - [PERSONAL FUNDS]

Election:  
 Primary  
 General  
 Other (specify) ▼  
Runoff

Mailing Address 18081 N. Mission Hills Ave.

City BATON ROUGE State LA ZIP Code 70809

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25000.00	0.00	25000.00

### TERMS

Date Incurred: MM/03 DD/07 YYYY/2008 Date Due: On Demand Interest Rate: 0.0000 % (apr) Secured:  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:

<b>SUBTOTALS</b> This Period This Page (optional) .....	▶	25000.00
<b>TOTALS</b> This Period (last page in this line only) .....	▶	.00

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

**SCHEDULE C (FEC Form 3)**

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

FOR LINE NUMBER:  
(check only one)  13a  
 13b

**LOANS**

NAME OF COMMITTEE (In Full)  
CALONGNE FOR CONGRESS INC

Transaction ID: SC/10.4879

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
LAURINDA L CALONGNE - [PERSONAL FUNDS]

Election:  
 Primary  
 General  
 Other (specify) ▼  
Runoff

Mailing Address 18081 N. Mission Hills Ave.

City BATON ROUGE State LA ZIP Code 70809

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25000.00	0.00	25000.00

**TERMS**

Date Incurred: MM DD YYYY 03 28 2008  
Date Due: On Demand  
Interest Rate: 0.0000 % (apr)  
Secured:  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:

<b>SUBTOTALS</b> This Period This Page (optional) .....	▶	25000.00
<b>TOTALS</b> This Period (last page in this line only) .....	▶	.00

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

**SCHEDULE C (FEC Form 3)**

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

FOR LINE NUMBER:  
(check only one)  13a  
 13b

**LOANS**

NAME OF COMMITTEE (In Full)  
CALONGNE FOR CONGRESS INC

Transaction ID: SC/10.5067

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
LAURINDA L CALONGNE - [PERSONAL FUNDS]

Election:  
 Primary  
 General  
 Other (specify) ▼  
Runoff

Mailing Address 18081 N. Mission Hills Ave.

City BATON ROUGE State LA ZIP Code 70809

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
15000.00	0.00	15000.00

**TERMS**

Date Incurred: MM DD YYYY  On Demand Interest Rate: 0.0000 % (apr) Secured:  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:

<b>SUBTOTALS</b> This Period This Page (optional) .....	▶	15000.00
<b>TOTALS</b> This Period (last page in this line only) .....	▶	.00

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

# SCHEDULE C (FEC Form 3)

## LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 45 / 46
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)  
CALONGNE FOR CONGRESS INC

**Transaction ID: SC/10.5286**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) LAURINDA L CALONGNE - [PERSONAL FUNDS]	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff
Mailing Address 18081 N. Mission Hills Ave.	
City BATON ROUGE State LA ZIP Code 70809	

Original Amount of Loan 3500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 3500.00
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**TERMS**

Date Incurred MM DD YY YY 06 10 2008	Date Due On Demand	Interest Rate 0.0000 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	3500.00
<b>TOTALS</b> This Period (last page in this line only) .....	.00

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

**SCHEDULE C (FEC Form 3)**

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

FOR LINE NUMBER:  
(check only one)  13a  
 13b

**LOANS**

NAME OF COMMITTEE (In Full)  
CALONGNE FOR CONGRESS INC

Transaction ID: SC/10.5266

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
LAURINDA L CALONGNE - [PERSONAL FUNDS]

Election:  
 Primary  
 General  
 Other (specify) ▼  
Runoff

Mailing Address 18081 N. Mission Hills Ave.

City BATON ROUGE State LA ZIP Code 70809

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
14000.00	0.00	14000.00

**TERMS**

Date Incurred: MM/06 DD/23 YY/2008 Date Due: On Demand Interest Rate: 0.0000 % (apr) Secured:  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:

<b>SUBTOTALS</b> This Period This Page (optional) .....	▶	14000.00
<b>TOTALS</b> This Period (last page in this line only) .....	▶	296500.00

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