For An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 FEB -4 P 2:49

1. NAME OF COMMITTEE (in full)

Chris John For Congress Committee INC

ADDRESS (number and street) ☐ Check if different than previously reported.

P.O. Drawer 307

CITY, STATE and ZIP CODE | STATE/DISTRICT

Crowley, LA 70527 | LA 07

2. FEC IDENTIFICATION NUMBER

C00316598

3. IS THIS REPORT AN AMENDMENT?

☐ YES ☒ NO

4. TYPE OF REPORT

☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☒ January 31 Year End Report
☐ July 31 Mid-Year Report (Non-election Year Only)

☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____
☐ Thirtieth day report following the General Election on _____ in the State of _____
☐ Termination Report

This Report Contains Activity For: ☒ Primary Election ☒ General Election ☐ Special Election ☐ Runoff Election

SUMMARY

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 7/1/99 through 12/31/99		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a))	$109,892.21	$244,249.61
(b) Total Contribution Refunds (from Line20(d))	$0.00	$19,100.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	$109,892.21	$225,149.61
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	$84,702.48	$141,015.61
(b) Total Offsets to Operating Expenditures (from Line 14)	$0.00	$970.01
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	$84,702.48	$140,045.60
8. Cash on Hand at Close of Reporting Period (from Line 27)	$268,480.60	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$0.00	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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

Type or Print Name of Treasurer: Kenneth Dugas

Signature of Treasurer: Kenneth Dugas

Date: 1/31/2000

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

FEC FORM 3
(revised 4/87)

DETAILED SUMMARY PAGE

of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (in full)		Report Covering the Period:		
Chris John For Congress Committee INC	C00316596	From: 7/1/99	To: 12/31/99	

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
11. CONTRIBUTIONS (other than loans) FROM:			
(a) Individuals/Persons Other Than Political Committees			
(i) Itemized (use Schedule A)	$34,678.81		11(a)(i)
(ii) Unitemized	$2,475.00		11(a)(ii)
(iii) Total of Contributions from Individuals	$37,153.81	$92,443.81	11(a)(iii)
(b) Political Party Committees	$0.00	$0.00	11(b)
(c) Other Political Committees (such as PACs)	$72,738.40	$151,805.80	11(c)
(d) The Candidate	$0.00	$0.00	11(d)
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii),(b),(c), and (d))	$109,892.21	$244,249.61	11(e)
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEE	$0.00	$0.00	12
13. LOANS:			
(a) Made or Guaranteed by the Candidate	$0.00	$0.00	13(a)
(b) All Other Loans	$0.00	$0.00	13(b)
(c) TOTAL LOANS (add 13(a) and (b))	$0.00	$0.00	13(c)
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	$0.00	$970.01	14
15. OTHER RECEIPTS (Dividends, Interest, etc.)	$0.00	$0.00	15
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14, and 15)	$109,892.21	$245,219.62	16
II. DISBURSEMENTS			
17. OPERATING EXPENDITURES	$84,702.48	$141,015.61	17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	$0.00	$0.00	18
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate	$0.00	$0.00	19(a)
(b) Of All Other Loans	$0.00	$0.00	19(b)
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))	$0.00	$0.00	19(c)
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees	$0.00	$500.00	20(a)
(b) Political Party Committees	$0.00	$0.00	20(b)
(c) Other Political Committees (such as PACs)	$0.00	$18,600.00	20(c)
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b), and (c))	$0.00	$19,100.00	20(d)
21. OTHER DISBURSEMENTS	$10,500.00	$12,750.00	21
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d), and 21)	$95,202.48	$172,865.61	22

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	$253,791.07	23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	$109,892.21	24
25. SUBTOTAL (add Line 23 and Line 24)	$363,683.28	25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	$95,202.48	26
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	$268,480.80	27

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(a)(i)

Contributions from Individuals

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

NAME OF COMMITTEE (In Full)

Chris John For Congress Committee INC C00315596

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Allen, Clay **P.O. Box 5321** **Lafayette LA 70502**	Allen and Gooch Occupation: Attorney	12/31/99	$1,000.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Aggregate Year-to-Date > $1,000.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Andrus, Roland **795 St. Margaret Road** **Church Point LA 70525**	Self Employed Occupation: Farmer	11/1/99	$250.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Aggregate Year-to-Date > $250.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Applegate, William **1724 W. Abingdon Dr.** **Alexandria VA 22314**	Smith Bucklin and Associates Occupation: Director	11/1/99	$500.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Aggregate Year-to-Date > $500.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Baccigalopi, Whitney **4551 Grand Chenier Highway** **Grand Chenier LA 70643**	None Occupation: Retired	12/31/99	$500.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Aggregate Year-to-Date > $500.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bailey, William **2001-23rd St.** **Lake Charles LA 70601**	Occupation	9/9/99	$250.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Aggregate Year-to-Date > $250.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Baker, John B, Mrs. **33105 LA Hwy 14** **Gueydan LA 70542**	None Occupation: Retired	8/26/99	$1,000.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Aggregate Year-to-Date > $1,000.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Baker, John, Sr. **33105 LA Hwy 14** **Gueydan LA 70542**	None Occupation: Retired	8/26/99	$500.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Aggregate Year-to-Date > $500.00		

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

SCHEDULE A ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11(a)(i)

Contributions from Individuals

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NAME OF COMMITTEE (In Full)

Chris John For Congress Committee INC C00316596

Full Name, Mailing Address and ZIP Code	Name of Employer	Occupation	Date (month, day, year)	Aggregate Year-to-Date	Amount of Each Receipt this Period
A. **Bono, R J** **7000 Captain Cove** **Lake Charles LA 70605** Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Total Telephone	President	12/31/99	$250.00	$250.00
B. **Condos, William** **4000 Lock Lane** **Lake Charles LA 70605** Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Self	Doctor	9/9/99	$250.00	$250.00
C. **Cowen, Ralph L.** **517 East 3rd Street** **Crowley LA 70526** Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Retired	None	12/8/99	$1,000.00	$1,000.00
D. **Crain, Lyle** **P.O. Box 118** **Grand Chenier LA 70643** Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Crain Brothers, Inc	President	12/8/99	$1,000.00	$1,000.00
E. **Craton, Michael** **2014 Pinhook Road Suite 503** **Lafayette LA 70508** Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Craton Strother	Insurance Salesman	12/3/99	$1,000.00	$1,000.00
F. **Crawford, Patrick** **303 Wilson St.** **Lake Charles LA 70601** Receipt For: ☒ Primary ☐ General ☐ Other (Specify):			9/9/99	$250.00	$250.00
G. **Crocker, Edward** **4115 Beau Chene Dr** **Lake Charles LA 70605** Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Self	Doctor	9/9/99	$250.00	$250.00

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

SCHEDULE A ITEMIZED RECEIPTS

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

Chris John For Congress Committee INC C00316596

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Denison, John 7338 Sidney Leger Rd Iowa LA 70647	Occupation	8/26/99	$250.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Aggregate Year-to-Date > $250.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Digiglia, John A, Dr., II 4150 Nelson Road BLDG C STE 10 Lake Charles LA 70605	Self Employed Occupation Doctor	9/9/99	$250.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Aggregate Year-to-Date > $250.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dobbins, David 2119-23rd St Lake Charles LA 70601	Self Occupation Doctor	9/9/99	$250.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Aggregate Year-to-Date > $250.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dore, Elliot J. 8 Bayou Oaks Crowley LA 70526	Riceland Foods INC Occupation General Manager	12/31/99	$250.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Aggregate Year-to-Date > $400.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Drez, David 1717 Oak Park Blvd. Lake Charles LA 70601	Self Occupation Doctor	10/28/99	$250.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Aggregate Year-to-Date > $250.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dunnick, James 1110 Bayou Oak Lane Lake Charles LA 70605	Occupation	9/9/99	$250.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Aggregate Year-to-Date > $250.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Elfert, Stephanie P. 806 North Avenue K Crowley LA 70526	None Occupation Homemaker	12/31/99	$1,000.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Aggregate Year-to-Date > $1,000.00		

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

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NAME OF COMMITTEE (in Full)

Chris John For Congress Committee INC C00316596

A. Full Name, Mailing Address and ZIP Code **Fenstemaker, W H** **P.O. Box 52106** **Lafayette LA 70505** Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Name of Employer: Fenstemaker and Associates Occupation: Owner Aggregate Year-to-Date > $1,000.00	Date (month, day, year): 12/31/99	Amount of Each Receipt this Period: $1,000.00
B. Full Name, Mailing Address and ZIP Code **Fields, Nancy** **4119 Earl Drive** **Alexandria LA 71303** Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Name of Employer: U.S. Dept. of HUD Occupation: Community Builder Aggregate Year-to-Date > $250.00	Date (month, day, year): 12/8/99	Amount of Each Receipt this Period: $250.00
C. Full Name, Mailing Address and ZIP Code **Fruge, Andre** **311 Vital St** **Lafayette LA 70508** Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Name of Employer: Louisiana Capital Occupation: Executive Director Aggregate Year-to-Date > $1,000.00	Date (month, day, year): 8/11/99	Amount of Each Receipt this Period: $1,000.00
D. Full Name, Mailing Address and ZIP Code **Glaien, Lazar** **115 East First Street** **Crowley LA 70526** Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Name of Employer: Shop Rite INC Occupation: Manager Aggregate Year-to-Date > $1,000.00	Date (month, day, year): 12/31/99	Amount of Each Receipt this Period: $1,000.00
E. Full Name, Mailing Address and ZIP Code **Gorin, Kevin** **3312 Country Club Dr** **Lake Charles LA 70605** Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Name of Employer: Self Occupation: Doctor Aggregate Year-to-Date > $250.00	Date (month, day, year): 9/9/99	Amount of Each Receipt this Period: $250.00
F. Full Name, Mailing Address and ZIP Code **Grotefend, David** **1134 Wright Ave** **Crowley LA 70526** Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Name of Employer: Bayou Village Nursing Home Occupation: Administrator Aggregate Year-to-Date > $250.00	Date (month, day, year): 12/8/99	Amount of Each Receipt this Period: $250.00
G. Full Name, Mailing Address and ZIP Code **Guilbeau, Ben** **4501 W Prien Lake Rd** **Lake Charles LA 70605** Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Name of Employer: Self Occupation: Doctor Aggregate Year-to-Date > $250.00	Date (month, day, year): 9/9/99	Amount of Each Receipt this Period: $250.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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FOR LINE NUMBER 11(a)(i)

Contributions from Individuals

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NAME OF COMMITTEE (In Full)

Chris John For Congress Committee INC C00318598

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Guillory, Maureen **P.O. Drawer 1607** **Lake Charles LA 70602**	Occupation	9/9/99	$250.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Aggregate Year-to-Date > $250.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Hankin, Jeffrey **4225 W Tank Farm Rd.** **Lake Charles LA 70605**	Self Occupation	9/9/99	$250.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Doctor Aggregate Year-to-Date > $250.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Hebert, Gerry **4600 Sheryl Lane** **Lake Charles LA 70605**	Self Occupation	9/9/99	$250.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Doctor Aggregate Year-to-Date > $250.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Henderson, Pam **4140 Elizabeth Lane** **Annandale VA 22003**	None Occupation	11/1/99	$500.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Housewife Aggregate Year-to-Date > $500.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Henning, Thomas **3702 Belvedere PKWY** **Lake Charles LA 70605**	US Unwired Occupation	9/9/99	$1,000.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Secretary Aggregate Year-to-Date > $1,000.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Hensgens, Raymond **P.O. Box 321** **Crowley LA 70527**	G and H Seed Inc Occupation	12/8/99	$250.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	President Aggregate Year-to-Date > $250.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Hooper, Lindsay **3733 N Tazwell St.** **Arlington VA 22207**	Hooper Owen and Gould Winburn Occupation	11/1/99	$1,000.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Consultant Aggregate Year-to-Date > $1,000.00		

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

SCHEDULE A ITEMIZED RECEIPTS

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FOR LINE NUMBER 11(a)(i)

Contributions from Individuals

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NAME OF COMMITTEE (in Full)

Chris John For Congress Committee INC C00316596

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Hutchinson, George 900 W Sale Rd Lake Charles LA 70605	None	9/9/99	$250.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Occupation: Doctor	Aggregate Year-to-Date: $250.00	

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Iglinsky, Sandra 31 Timberly Dr. Lake Charles LA 70605	None	10/12/99	$250.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Occupation: Housewife	Aggregate Year-to-Date: $250.00	

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John, David P.O. Box 1566 Crowley LA 70527	Peter and David John	12/8/99	$500.00 MEMO Partnrshp Attributed
Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Occupation: Attorney	Aggregate Year-to-Date: $1,000.00	

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John, David P.O. Box 1566 Crowley LA 70527	Peter and David John	12/8/99	$500.00 MEMO Partnrshp Attributed
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Occupation: Attorney	Aggregate Year-to-Date: $1,000.00	

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John, Peter P.O. Box 1566 Crowley LA 70527	Peter and David John	12/8/99	$500.00 MEMO Partnrshp Attributed
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Occupation: Attorney	Aggregate Year-to-Date: $1,000.00	

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John, Peter P.O. Box 1566 Crowley LA 70527	Peter and David John	12/8/99	$500.00 MEMO Partnrshp Attributed
Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Occupation: Attorney	Aggregate Year-to-Date: $1,000.00	

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Johnsen, Christian 2810 N Glade Street NW Washington DC 20018	Jones Walker	9/29/99	$628.81 In-Kind
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Occupation: Attorney	Aggregate Year-to-Date: $1,128.81	

SUBTOTAL of Receipts This Page (optional)	$1,128.81
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals

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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Chris John For Congress Committee INC C00316596

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Johnson, Deborah **3126 2nd Ave** **Lake Charles LA 70601**	Self Occupation: Doctor	9/9/99	$250.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Aggregate Year-to-Date > $250.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lacoste, Alan **1717 Oak Park Blvd** **Lake Charles LA 70601**	Self Occupation: Doctor	9/9/99	$500.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Aggregate Year-to-Date > $500.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lebato, Alan **2509 Maplewood Dr.** **Sulphur LA 70663**	None Occupation: Doctor	9/9/99	$250.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Aggregate Year-to-Date > $250.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Long, Russell B. **601 Penn Avenue NW Suite 750** **Washington DC 20004**	Long Law Firm Occupation: Attorney	12/31/99	$500.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Aggregate Year-to-Date > $1,000.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Massie, Camille **501 High Street** **Alexandria VA 22302**	None Occupation: Housewife	11/16/99	$300.00 In-Kind
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Aggregate Year-to-Date > $550.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Massie, Camille **501 High Street** **Alexandria VA 22302**	None Occupation: Housewife	12/31/99	$250.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Aggregate Year-to-Date > $550.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Massie, James **501 High Street** **Alexandria VA 22302**	Alpine Group INC Occupation: Government Relation Con	12/31/99	$250.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Aggregate Year-to-Date > $250.00		

SUBTOTAL of Receipts This Page (optional) >	$2,300.00
TOTAL This Period (last page this line number only) >	

SCHEDULE A ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11(a)(i)

Contributions from Individuals

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

NAME OF COMMITTEE (in Full)

Chris John For Congress Committee INC C00316596

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
McElveen, G A, Jr. 11 Little Drive Lake Charles LA 70605	McElveen Insurance Agency	9/9/99	$250.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Occupation: Owner	Aggregate Year-to-Date > $250.00	

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mocklin, Kevin 4000 Lock Lane 14 Lake Charles LA 70605	Self	9/9/99	$250.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Occupation: Doctor	Aggregate Year-to-Date > $250.00	

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Okrepki, Rick 113 E 23rd Ave Covington LA 70433		7/12/99	$150.00 MEMO Partnrshp Attributed
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Occupation	Aggregate Year-to-Date > $150.00	

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Owen, Daryl 6636 Fletcher Lane Mc Lean VA 22101	Hooper Hooper Owen and Gould	11/1/99	$1,000.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Occupation: Consultant	Aggregate Year-to-Date > $2,000.00	

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Partnership, Peter and David P.O. Box 1566 Crowley LA 70527		12/8/99	$1,000.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Occupation	Aggregate Year-to-Date > $2,000.00	

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Partnership, Peter and David P.O. Box 1566 Crowley LA 70527		12/8/99	$1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Occupation	Aggregate Year-to-Date > $2,000.00	

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rhyne, Tracey 307 Sawgrass Lane Broussard LA 70518	None	12/31/99	$1,000.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Occupation: Housewife	Aggregate Year-to-Date > $1,000.00	

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

SCHEDULE A ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11(a)(i)

Contributions from individuals

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

NAME OF COMMITTEE (In Full)

Chris John For Congress Committee INC C00316598

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard, Ira 1021 West Laurel Avenue Eunice LA 70535	None	9/15/99	$1,000.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Occupation: Retired	Aggregate Year-to-Date > $1,000.00	
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Shamieh, Fayez, Dr. 1236 Bayou Wood Court Lake Charles LA 70605	Self Employed	9/9/99	$500.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Occupation: Neurologist	Aggregate Year-to-Date > $500.00	
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Speight, Lynn 1214 Bayouwood Dr Lake Charles LA 70605	Self	9/9/99	$250.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Occupation: Doctor	Aggregate Year-to-Date > $250.00	
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Strother, David 108 Ducharme Court Lafayette LA 70503	New York Life	8/26/99	$1,000.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Occupation: Registered Representati	Aggregate Year-to-Date > $1,000.00	
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Terpstra, Ellen 11302 Wedge Dr. Reston VA 20190	USA Rice Federation	11/1/99	$1,000.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Occupation: President	Aggregate Year-to-Date > $1,000.00	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Todd, Ray, Jr. 3013 Surrey Lane Lake Charles LA 70605	McElveen Insurance	9/9/99	$250.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Occupation: Owner	Aggregate Year-to-Date > $250.00	
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Trahan, Charles 215 Norris Duson LA 70529	Falcon Rice Mill	12/8/99	$1,000.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Occupation: Owner	Aggregate Year-to-Date > $1,000.00	

SUBTOTAL of Receipts This Page (optional) >	$5,000.00
TOTAL This Period (last page this line number only) >	

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(a)(i)

Contributions from Individuals

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NAME OF COMMITTEE (In Full)

Chris John For Congress Committee INC C00316596

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Trahan, Charles D. **721 East Academy** **Jennings LA 70546**	Falcon Rice Mill Occupation: Owner	7/12/99	$250.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Aggregate Year-to-Date > $250.00		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Turnley, Toney **P.O. Box 126** **Kaplan LA 70548**	KaplanTelephone Co. Occupation: President	12/31/99	$250.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Aggregate Year-to-Date > $250.00		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Vega, Adrian, Mrs. **405 Doyle Drive** **Lafayette LA 70508**	Acadiana Dodge Occupation: Co Owner	12/3/99	$1,000.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Aggregate Year-to-Date > $1,000.00		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Weiss, Todd **2412 Cameron Mills Rd** **Alexandria VA 22302**	Arent Fox Occupation: Government Relations Di	11/1/99	$500.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Aggregate Year-to-Date > $500.00		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
White, Richard **1541 Foxhall Rd NW** **Washington DC 20007**	Alpine Group Occupation: Consultant	12/3/99	$250.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Aggregate Year-to-Date > $250.00		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Williamson, Lehman **19330 Hamelis Ferry Road** **Baton Rouge LA 70816**	B Lehman and Associates Occupation: Owner	12/10/99	$1,000.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Aggregate Year-to-Date > $1,000.00		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Young, Kevin **1917 E. Rosedown** **Lake Charles LA 70605**	Self Occupation: Doctor	9/9/99	$250.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Aggregate Year-to-Date > $250.00		

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

SCHEDULE A — ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11(a)(i)

Contributions from Individuals

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NAME OF COMMITTEE (in Full)

Chris John For Congress Committee INC — C00316596

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Ziegler, William, Jr. 332 E Farrel RD Lafayette LA 70508 Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Name of Employer: Self Occupation: Attorney Aggregate Year-to-Date > $250.00	12/8/99	$250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify):	Name of Employer: Occupation: Aggregate Year-to-Date >		
Receipt For: ☐ Primary ☐ General ☐ Other (Specify):	Name of Employer: Occupation: Aggregate Year-to-Date >		
Receipt For: ☐ Primary ☐ General ☐ Other (Specify):	Name of Employer: Occupation: Aggregate Year-to-Date >		
Receipt For: ☐ Primary ☐ General ☐ Other (Specify):	Name of Employer: Occupation: Aggregate Year-to-Date >		
Receipt For: ☐ Primary ☐ General ☐ Other (Specify):	Name of Employer: Occupation: Aggregate Year-to-Date >		
Receipt For: ☐ Primary ☐ General ☐ Other (Specify):	Name of Employer: Occupation: Aggregate Year-to-Date >		

SUBTOTAL of Receipts This Page (optional)	$250.00
TOTAL This Period (last page this line number only)	$34,678.81

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11[c]

Contributions from Other Political Committees

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NAME OF COMMITTEE (in Full)

Chris John For Congress Committee INC C00316586

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Committee, Ed Jenkins for P.O. Box 70 Jasper GA 30143	Occupation	11/1/99	$1,000.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Aggregate Year-to-Date > $1,000.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
New Democrat Network, PAC 501 Capitol Court NE Suite 200 Washington DC 20002	Occupation	12/31/99	$1,000.00 MEMO ACTED AS CONDUIT
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Aggregate Year-to-Date > $0.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pac, Action Committe 4301 Wilson Boulevard Arlington VA 22203	Occupation	11/15/99	$500.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Aggregate Year-to-Date > $3,000.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pac, Action Committe 4301 Wilson Boulevard Arlington VA 22203	Occupation	10/12/99	$1,000.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Aggregate Year-to-Date > $3,000.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pac, Action Committe 4301 Wilson Boulevard Arlington VA 22203	Occupation	8/10/99	$1,000.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Aggregate Year-to-Date > $3,000.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pac, AICPA Effective 2400 Veterans Blvd Suite 500 Kenner LA 70062	Occupation	11/15/99	$1,500.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Aggregate Year-to-Date > $1,500.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pac, Alabama Farmers P.O. Box 11023 Montgomery AL 36191	Occupation	11/1/99	$500.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Aggregate Year-to-Date > $500.00		

SUBTOTAL of Receipts This Page (optional) >	$5,500.00
TOTAL This Period (last page this line number only) >	

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(c)

Contributions from Other Political Committees

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NAME OF COMMITTEE (In Full)

Chris John For Congress Committee INC C00316596

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pac, American Assn. **2296 Henderson Mill Rd.** **Atlanta GA 30345**	Occupation	11/1/99	$1,000.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Aggregate Year-to-Date > $1,000.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pac, American Crysta **101 North Third Street** **Moorhead MN 56560**	Occupation	11/2/99	$500.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Aggregate Year-to-Date > $500.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pac, American Forest **111 19th St** **Washington DC 20036**	Occupation	10/12/99	$1,000.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Aggregate Year-to-Date > $1,000.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pac, American Hospit **325 Seventh Street NW** **Washington DC 20004**	Occupation	7/12/99	$500.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Aggregate Year-to-Date > $500.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pac, American Insura **1130 Connecticut Ave NW Suite 1000** **Washington DC 20036**	Occupation	10/13/99	$500.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Aggregate Year-to-Date > $500.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pac, American Sugar **P.O. Box 938** **Thibodaux LA 70302**	Occupation	10/12/99	$1,000.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Aggregate Year-to-Date > $1,500.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pac, American Truckl **430 First St** **Washington DC 20003**	Occupation	10/12/99	$1,000.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Aggregate Year-to-Date > $2,000.00		

SUBTOTAL of Receipts This Page (optional) >	$5,500.00
TOTAL This Period (last page this line number only) >	

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(c)

Contributions from Other Political Committees

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NAME OF COMMITTEE (in Full)

Chris John For Congress Committee INC C00316886

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pac, Anadarko Petrol **P.O. Box 1330** **Houston TX 77251**	Occupation	10/28/99	$500.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Aggregate Year-to-Date > $500.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pac, Arco **515 S. Flower Street** **Los Angeles CA 90071**	Occupation	12/3/99	$500.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Aggregate Year-to-Date > $500.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pac, Arent Fox Civic **1050 Connecticut Ave. NW** **Washington DC 20036**	Occupation	11/1/99	$1,000.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Aggregate Year-to-Date > $1,000.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pac, Arthur Anderson **1666 K Street NW** **Washington DC 20006**	Occupation	9/20/99	$1,000.00 Earmarked From Conduit
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Aggregate Year-to-Date > $2,500.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pac, Associated Bull **1300 N 17th St** **Arlington VA 22209**	Occupation	12/10/99	$2,500.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Aggregate Year-to-Date > $5,000.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pac, Auction Market **141 W. Jackson Blvd.** **Chicago IL 60604**	Occupation	11/1/99	$1,000.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Aggregate Year-to-Date > $1,000.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pac, Beef **5501 West 1-10.79106** **City ST 00000**	Occupation	10/12/99	$1,000.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Aggregate Year-to-Date > $1,000.00		

SUBTOTAL of Receipts This Page (optional) >	$7,500.00
TOTAL This Period (last page this line number only) >	

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Other Political Committees

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

FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (In Full)

Chris John For Congress Committee INC C00316596

A. Full Name, Mailing Address and ZIP Code Pac, Better Governme 1525 Wilson Blvd Suite 100 Arlington VA 22209 Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Name of Employer Occupation Aggregate Year-to-Date > $500.00	Date (month, day, year) 7/12/99	Amount of Each Receipt this Period $500.00
B. Full Name, Mailing Address and ZIP Code Pac, Blue Cross And 1310 G Street NW 12th Floor Washington DC 20005 Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Name of Employer Occupation Aggregate Year-to-Date > $1,000.00	Date (month, day, year) 10/13/99	Amount of Each Receipt this Period $500.00
C. Full Name, Mailing Address and ZIP Code Pac, Bp Amoco 200 East Randolph Dr Chicago IL 60601 Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Name of Employer Occupation Aggregate Year-to-Date > $500.00	Date (month, day, year) 10/28/99	Amount of Each Receipt this Period $500.00
D. Full Name, Mailing Address and ZIP Code Pac, Brownbuilders P.O. Box 3 Houston TX 77001 Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Name of Employer Occupation Aggregate Year-to-Date > $1,000.00	Date (month, day, year) 8/10/99	Amount of Each Receipt this Period $1,000.00
E. Full Name, Mailing Address and ZIP Code Pac, Build 1201 15th St Washington DC 20005 Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Name of Employer Occupation Aggregate Year-to-Date > $2,000.00	Date (month, day, year) 12/8/99	Amount of Each Receipt this Period $2,000.00
F. Full Name, Mailing Address and ZIP Code Pac, Chase Manhattan 270 Park Avenue New York NY 10017 Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Name of Employer Occupation Aggregate Year-to-Date > $1,500.00	Date (month, day, year) 12/3/99	Amount of Each Receipt this Period $1,000.00
G. Full Name, Mailing Address and ZIP Code Pac, Chevron Employee 575 Market Street RM. 908 San Francisco CA 94105 Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Name of Employer Occupation Aggregate Year-to-Date > $500.00	Date (month, day, year) 11/15/99	Amount of Each Receipt this Period $500.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(c)

Contributions from Other Political Committees

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NAME OF COMMITTEE (In Full)

Chris John For Congress Committee INC **C00316596**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pac, Chicago Mercant **30 S. Wacker Dr.** **Chicago IL 60606** Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Occupation Aggregate Year-to-Date > $500.00	12/31/99	$500.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Pac, Chubb **P.O. Box 1615** **Plainfield NJ 07061** Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Occupation Aggregate Year-to-Date > $500.00	12/31/99	$500.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Pac, Columbia Employ **1700 Maccorkle Ave SE** **Charleston WV 25314** Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Occupation Aggregate Year-to-Date > $1,500.00	7/12/99	$1,500.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Pac, Com **Mutual of Omaha Plaza** **Omaha NE 68175** Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Occupation Aggregate Year-to-Date > $500.00	11/2/99	$500.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Pac, Committee For A **P.O. BOX 12282** **Memphis TN 38182** Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Occupation Aggregate Year-to-Date > $1,500.00	10/13/99	$1,000.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Pac, Comsat **6560 Rock Springs Drive** **Bethesda MD 20817** Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Occupation Aggregate Year-to-Date > $500.00	11/15/99	$500.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Pac, Council Of Insu **701 Pennsylvania Ave NW NO.750** **Washington DC 20004** Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Occupation Aggregate Year-to-Date > $1,000.00	11/15/99	$500.00

SUBTOTAL of Receipts This Page (optional) >	$5,000.00
TOTAL This Period (last page this line number only) >	

SCHEDULE A ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11(c)

Contributions from Other Political Committees

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NAME OF COMMITTEE (In Full)

Chris John For Congress Committee INC C00316596

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Pac, Credit Suisse F 1155 21st St. NW Suite 300 Washington DC 20036 Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Occupation Aggregate Year-to-Date > $1,500.00	12/31/99	$1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Pac, Dairy Farmers O 3253 E Chestnut Springfield MO 65802 Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Occupation Aggregate Year-to-Date > $1,500.00	10/13/99	$1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Pac, Deere and Co John Deere RD Moline IL 61265 Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Occupation Aggregate Year-to-Date > $2,500.00	12/3/99	$1,500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Pac, Dow Chemical Co 9330 Zionsville Rd. Indianapolis IN 46268 Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Occupation Aggregate Year-to-Date > $2,000.00	10/12/99	$1,500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Pac, Elpaso 601 13th Street NW Washington DC 20005 Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Occupation Aggregate Year-to-Date > $2,000.00	11/15/99	$500.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Pac, Entergy Louisia P.O. Box 2431 Baton Rouge LA 70821 Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Occupation Aggregate Year-to-Date > $1,000.00	8/10/99	$1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Pac, Ernst And Young 1225 Connecticut Ave NW Washington DC 20036 Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Occupation Aggregate Year-to-Date > $2,000.00	12/3/99	$1,500.00

SUBTOTAL of Receipts This Page (optional) >	$8,000.00
TOTAL This Period (last page this line number only) >	

SCHEDULE A ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11(c)

Contributions from Other Political Committees

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NAME OF COMMITTEE (In Full)

Chris John For Congress Committee INC C00316596

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pac, Exxon P.O. Box 2180 Houston TX 77252	Occupation	10/28/99	$500.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Aggregate Year-to-Date > $500.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pac, Farmers Group 4680 Wilshire Blvd. Los Angeles CA 90010	Occupation	12/3/99	$500.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Aggregate Year-to-Date > $500.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pac, Federal Express 1980 Nonconnah Blvd. Memphis TN 38132	Occupation	8/26/99	$1,000.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Aggregate Year-to-Date > $1,000.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pac, Fisheries 1901 N Fort Myers Drive Suite 700 Arlington VA 22209	Occupation	11/1/99	$1,000.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Aggregate Year-to-Date > $1,000.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pac, Florida Crystal 915 15th St. NW Washington DC 20005	Occupation	10/28/99	$500.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Aggregate Year-to-Date > $500.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pac, Food Distributo 201 Park Washington Court Falls Church VA 22046	Occupation	8/10/99	$500.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Aggregate Year-to-Date > $1,000.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pac, Food Marketing 800 Connecticut Ave Washington DC 20006	Occupation	11/1/99	$1,000.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Aggregate Year-to-Date > $2,000.00		

SUBTOTAL of Receipts This Page (optional) >	$5,000.00
TOTAL This Period (last page this line number only) >	

SCHEDULE A ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11(c)

Contributions from Other Political Committees

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NAME OF COMMITTEE (In Full)

Chris John For Congress Committee INC C00316596

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Pac, Impac Mututel Of Omaha Plaza Omaha NE 68175	Occupation Aggregate Year-to-Date > $1,000.00	10/13/99	$1,000.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):			
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Pac, Independent Ins 412 First Street SE Suite 300 Washington DC 20003	Occupation Aggregate Year-to-Date > $1,662.90	11/15/99	$162.90 In-Kind
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):			
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Pac, Isurance Agents 400 N Washington Street Alexandria VA 22314	Occupation Aggregate Year-to-Date > $500.00	12/8/99	$500.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):			
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Pac, Kemper Insuranc 1 Kemper Dr. Long Grove IL 60049	Occupation Aggregate Year-to-Date > $500.00	10/13/99	$500.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Pac, Koch P.O. Box 2256 Wichita KS 67201	Occupation Aggregate Year-to-Date > $1,500.00	12/8/99	$500.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Pac, Mine 1130 Seventeenth Street NW Suite 6 00 Washington DC 20036	Occupation Aggregate Year-to-Date > $500.00	12/31/99	$500.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Pac, Morgan Stanley 2 World Trade Center 45th Fl. New York NY 10048	Occupation Aggregate Year-to-Date > $1,000.00	12/8/99	$1,000.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):			

SUBTOTAL of Receipts This Page (optional) >	$4,162.90
TOTAL This Period (last page this line number only) >	

SCHEDULE A ITEMIZED RECEIPTS

Contributions from Other Political Committees

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

FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (In Full)

Chris John For Congress Committee INC C00318598

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pac, National Associ **1922 F Street NW** **Washington DC 20006**	Occupation	10/13/99	$1,000.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Aggregate Year-to-Date > $2,000.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pac, National Emerge **P.O. box 619911** **Dallas TX 75261**	Occupation	11/15/99	$500.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Aggregate Year-to-Date > $500.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pac, National Roofin **10255 W Higgins Rd** **Des Plaines IL 60018**	Occupation	11/16/99	$500.00 Memo Redesignatio n From General
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Aggregate Year-to-Date > $500.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pac, National Roofin **10255 W Higgins Rd** **Des Plaines IL 60018**	Occupation	11/16/99	($500.00) Memo Redesignated To Primary 2000
Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Aggregate Year-to-Date > $500.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pac, National Roofin **10255 W Higgins Rd** **Des Plaines IL 60018**	Occupation	11/1/99	$500.00
Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Aggregate Year-to-Date > $500.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pac, Nationwide Poli **One Nationwide Operating Account** **Columbus OH 43216**	Occupation	12/31/99	$500.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Aggregate Year-to-Date > $500.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pac, NFG **10 Lafayette Square** **Buffalo NY 14203**	Occupation	11/1/99	$500.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Aggregate Year-to-Date > $1,000.00		

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

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Other Political Committees

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 10 OF 12
	FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (In Full)

Chris John For Congress Committee INC C00316596

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Pac, Norfolk Souther **Three Commercial Place** **Norfolk VA 23510** Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Occupation Aggregate Year-to-Date > $1,000.00	12/8/99	$1,000.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Pac, Nra Political V **11250 Waples Mill Roas** **Fairfax VA 22030** Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Occupation Aggregate Year-to-Date > $4,950.00	10/26/99	$4,950.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Pac, Occidental Petr **10889 Wilshire Blvd** **Los Angeles CA 90024** Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Occupation Aggregate Year-to-Date > $1,000.00	11/1/99	$500.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Pac, Outback Steakho **550 N Reo Street Ste 204** **Tampa FL 33609** Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Occupation Aggregate Year-to-Date > $5,000.00	8/10/99	$5,000.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Pac, Peanut **P.O. Box 10182** **Dothan AL 36302** Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Occupation Aggregate Year-to-Date > $1,000.00	12/31/99	$1,000.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Pac, Peat Marwick **P.O. Box 18254** **Washington DC 20036** Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Occupation Aggregate Year-to-Date > $2,500.00	11/1/99	$1,500.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Pac, Philip Morris **120 Park Ave** **New York NY 10017** Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Occupation Aggregate Year-to-Date > $1,500.00	12/8/99	$1,000.00

SUBTOTAL of Receipts This Page (optional) >	$14,950.00
TOTAL This Period (last page this line number only) >	

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(c)

Contributions from Other Political Committees

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NAME OF COMMITTEE (In Full)

Chris John For Congress Committee INC C00316596

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pac, Power 701 Pennsylvania Ave NW Washington DC 20004	Occupation	12/31/99	$500.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Aggregate Year-to-Date > $1,000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pac, Pricewaterhouse 1900 K Steet NW Washington DC 20006	Occupation	10/12/99	$1,500.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Aggregate Year-to-Date > $2,500.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pac, Rj Reynolds P.O. Box 718 Winston Salem NC 27102	Occupation	11/1/99	$500.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Aggregate Year-to-Date > $1,000.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pac, SBC Communicati 175 East Houston Rm 6f08 San Antonio TX 78205	Occupation	12/8/99	$500.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Aggregate Year-to-Date > $1,000.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pac, Seafarers Polit 5201 Auth Way Suitland MD 20746	Occupation	12/10/99	$500.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Aggregate Year-to-Date > $500.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pac, Securities Indu 1401 Eye Street NW Suite 1000 Washington DC 20005	Occupation	11/1/99	$500.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Aggregate Year-to-Date > $500.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pac, Society of Amer 1601 Duke St. Alexandria VA 22314	Occupation	10/12/99	$1,000.00
Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Aggregate Year-to-Date > $1,000.00		

SUBTOTAL of Receipts This Page (optional) >	$5,000.00
TOTAL This Period (last page this line number only) >	

SCHEDULE A ITEMIZED RECEIPTS

Contributions from Other Political Committees

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

FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (In Full)

Chris John For Congress Committee INC C00316596

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
A. **Pac, Union Pacific R** **555 Thirteenth Street NW** **Washington DC 20004** Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Name of Employer Occupation Aggregate Year-to-Date > $2,150.50	10/20/99	$150.50 In-Kind
B. **Pac, Verner Liipfert** **901-15th Street NW Suite 700** **Washington DC 20005** Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Name of Employer Occupation Aggregate Year-to-Date > $375.00	10/28/99	$375.00
C. **Pac, Waste Managemen** **601 Pennsylvania Ave NW** **Washington DC 20004** Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Name of Employer Occupation Aggregate Year-to-Date > $600.00	7/12/99	$600.00
D. **Perret, Louis For Clerk** **121 Corinne St.** **Lafayette LA 70506** Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Name of Employer Occupation Aggregate Year-to-Date > $1,000.00	12/31/99	$1,000.00
E. **Full Name, Mailing Address and ZIP Code** **Smith, John Campaign** **5 Live Oak** **Leesville LA 71448** Receipt For: ☒ Primary ☐ General ☐ Other (Specify):	Name of Employer Occupation Aggregate Year-to-Date > $1,000.00	12/8/99	$1,000.00
Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (Specify):	Name of Employe Occupation Aggregate Year-to-Date >	Date (month, day, year)	Amount of Each Receipt this Period
Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (Specify):	Name of Employe Occupation Aggregate Year-to-Date >	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) >	$3,125.50
TOTAL This Period (last page this line number only) >	$72,738.40

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Operating Expenditures

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

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

Chris John For Congress Committee INC **C00316596**

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
A. Full Name, Mailing Address and ZIP Code Access Or All Street Required City ST 00000	Office Expenses Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	9/29/99	$65.00
B. Full Name, Mailing Address and ZIP Code Ad And Press Club P.O. Box 1002 Lake Charles LA 70602	Donation Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	7/12/99	$100.00
C. Full Name, Mailing Address and ZIP Code American Airlines Street Required City ST 00000	Travel Expense Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	8/25/99	$75.00
D. Full Name, Mailing Address and ZIP Code American Legion Post 15 P.O. Box 786 Crowley LA 70526	Donation Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	11/17/99	$36.00
E. Full Name, Mailing Address and ZIP Code Amoco Station Street Required City ST 00000	Travel Expense Travel Expense Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	10/29/99	$24.09
F. Full Name, Mailing Address and ZIP Code Arnold, Matt Street Required City ST 00000	Fundraising Expense Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	12/21/99	$50.00
G. Full Name, Mailing Address and ZIP Code Athletic Center Street Required City ST 00000	Fundraising Expense Fundraising Expense Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	7/30/99	$957.90
H. Full Name, Mailing Address and ZIP Code Aurora Flower Shop P.O. Box 1 Crowley LA 70527	Office Expenses Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	8/10/99	$32.70
I. Full Name, Mailing Address and ZIP Code Ballard Designs Street Required City ST 00000	Office Expenses Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	8/25/99	$12.00

SUBTOTAL of Disbursements This Page (optional)	$1,352.69
TOTAL This Period (last page this line number only)	

SCHEDULE B ITEMIZED DISBURSEMENTS

Operating Expenditures

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

FOR LINE NUMBER 17

NAME OF COMMITTEE (In Full)

Chris John For Congress Committee INC C00316596

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Ballard Designs Street Required City ST 00000	Office Expenses Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	9/29/99	$3,400.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Bank Of Commerce And Trust 326 N Ave G Crowley LA 70527	Radio Ads Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	12/10/99	$100.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Bayou Bend P.O. Box 285 Crowley LA 70527	Fundraising Expense Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	8/10/99	$330.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Bloomingdales Street Required City ST 00000	Gift Gift Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	7/30/99	$181.95
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Blue Dog Pac P.O. Box 7668 Washington DC 20044	Dues Dues Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	7/30/99	$1,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Bratt, Geasey Street Required City ST 00000	Fundraising Expense Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	12/21/99	$35.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Broussard Poche Lewis and Brea P.O. Drawer 971 Crowley LA 70527	Accounting Services Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	7/12/99	$700.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Broussard Poche Lewis and Brea P.O. Drawer 971 Crowley LA 70527	Accounting Services Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	9/21/99	$535.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Budget Rental Street Required City ST 00000	Travel Expense Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	9/29/99	$297.23

SUBTOTAL of Disbursements This Page (optional)	$6,569.18
TOTAL This Period (last page this line number only)	

SCHEDULE B ITEMIZED DISBURSEMENTS

Operating Expenditures

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

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

Chris John For Congress Committee INC C00316596

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Budget Rental Street Required City ST 00000	Travel Expense Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	8/25/99	$234.48
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
By Invitation Only 2510 Johnston St. Lafayette LA 70503	Office Expenses Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	7/30/99	$55.36
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Chevron 00175005 Street Required City ST 00000	Travel Expense Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	9/29/99	$4.41
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Chilis Grill and Bar 1734 Pinhook Road Lafayette LA 70508	Dining Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	9/29/99	$91.28
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Chop House Street Required City ST 00000	Dining Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	7/30/99	$55.42
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Citibank AAdvantage P.O. Box 8501 Hagerstown MD 21748	Membership Fee Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	10/29/99	$50.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Comercis Street Required City ST 00000	Office Expenses Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	12/31/99	$330.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Compu Copy Street Required City ST 00000	Postage Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	9/29/99	$19.08
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Continental Street Required City ST 00000	Travel Expense Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	12/31/99	$285.50

SUBTOTAL of Disbursements This Page (optional) $1,125.53

TOTAL This Period (last page this line number only)

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Operating Expenditures

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

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

Chris John For Congress Committee INC **C00316596**

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
A. Full Name, Mailing Address and ZIP Code Continental Street Required City ST 00000	Travel Expense Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	9/29/99	$851.55
B. Full Name, Mailing Address and ZIP Code Convenience Store Street Required City ST 00000	Travel Expense Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	12/31/99	$10.36
C. Full Name, Mailing Address and ZIP Code Crowley Chamber Of Commerce P.O. Box 2125 Crowley LA 70527	Purpose of Disbursement Dues Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	7/12/99	$100.00
D. Full Name, Mailing Address and ZIP Code Crowley Fire Department 104 W Hutchinson Crowley LA 70526	Purpose of Disbursement Donation Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	9/15/99	$15.00
E. Full Name, Mailing Address and ZIP Code Crowley High Booster Club 526 Atwood Drive Crowley LA 70526	Purpose of Disbursement Donation Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	8/25/99	$100.00
F. Full Name, Mailing Address and ZIP Code Crowley Kiwanis Club Street Required City ST 00000	Purpose of Disbursement Donation Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	12/13/99	$100.00
G. Full Name, Mailing Address and ZIP Code Crowley Post Signal 602 N Parkerson Avenue Crowley LA 70527	Purpose of Disbursement Print Ads Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	10/27/99	$35.00
H. Full Name, Mailing Address and ZIP Code Crowley Post Signal 602 N Parkerson Avenue Crowley LA 70527	Purpose of Disbursement Print Ads Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	7/12/99	$42.00
I. Full Name, Mailing Address and ZIP Code Crowley Post Signal 602 N Parkerson Avenue Crowley LA 70527	Purpose of Disbursement Print Ads Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	11/30/99	$60.00

SUBTOTAL of Disbursements This Page (optional) $1,313.91

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

SCHEDULE B ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 17

Operating Expenditures

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NAME OF COMMITTEE (In Full)

Chris John For Congress Committee INC C00316596

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Crowley Post Signal 602 N Parkerson Avenue Crowley LA 70527	Print Ads Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	12/13/99	$25.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement this Period**
Daily Advertiser Street Required City ST 00000	Print Ads Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	8/27/99	$248.37
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement this Period**
DCCC 430 South ST Washington DC 20003	Donation Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	8/20/99	$1,783.80
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement this Period**
DCCC 430 South ST Washington DC 20003	Donation Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	10/27/99	$1,000.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement this Period**
Delores Handy Street Required City ST 00000	Donation Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	12/13/99	$100.00
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement this Period**
Dons Seafood House 301 E Vermilion Lafayette LA 70501	Dining Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	12/31/99	$18.76
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement this Period**
Doyles Mini Warehouse Storage 404 S Parkerson Crowley LA 70526	Office Expenses Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	7/30/99	$90.00
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement this Period**
Doyles Mini Warehouse Storage 404 S Parkerson Crowley LA 70526	Office Expenses Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	9/29/99	$90.00
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement this Period**
Doyles Mini Warehouse Storage 404 S Parkerson Crowley LA 70526	Office Expenses Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	8/31/99	$90.00

SUBTOTAL of Disbursements This Page (optional)	$3,445.93
TOTAL This Period (last page this line number only)	

SCHEDULE B ITEMIZED DISBURSEMENTS

Operating Expenditures

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

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

Chris John For Congress Committee INC C00316596

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
A. Full Name, Mailing Address and ZIP Code Doyles Mini Warehouse Storage 404 S Parkerson Crowley LA 70526	Office Expenses Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	11/30/99	$90.00
B. Full Name, Mailing Address and ZIP Code Doyles Mini Warehouse Storage 404 S Parkerson Crowley LA 70526	Office Expenses Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	10/29/99	$90.00
C. Full Name, Mailing Address and ZIP Code Doyles Mini Warehouse Storage 404 S Parkerson Crowley LA 70526	Office Expenses Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	7/1/99	$90.00
D. Full Name, Mailing Address and ZIP Code Ducks Unlimited Street Required City ST 00000	Donation Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	9/21/99	$50.00
E. Full Name, Mailing Address and ZIP Code Eckerd Drugs Street Required City ST 00000	Office Expenses Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	8/25/99	$7.52
F. Full Name, Mailing Address and ZIP Code Evangeline Bank 425 North Avenue G Crowley LA 70527	Taxes Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	7/15/99	$318.90
G. Full Name, Mailing Address and ZIP Code Evangeline Bank 425 North Avenue G Crowley LA 70527	Taxes Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	11/15/99	$318.90
H. Full Name, Mailing Address and ZIP Code Evangeline Bank 425 North Avenue G Crowley LA 70527	Taxes Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	10/13/99	$318.90
I. Full Name, Mailing Address and ZIP Code Evangeline Bank 425 North Avenue G Crowley LA 70527	Taxes Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	12/14/99	$310.90

SUBTOTAL of Disbursements This Page (optional) $1,603.12

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

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Operating Expenditures

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

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FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

Chris John For Congress Committee INC C00316596

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
A. Full Name, Mailing Address and ZIP Code Evangeline Bank 425 North Avenue G Crowley LA 70527	Taxes Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	9/15/99	$318.90
B. Full Name, Mailing Address and ZIP Code Evangeline Bank 425 North Avenue G Crowley LA 70527	Purpose of Disbursement Taxes Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	Date (month, day, year) 8/16/99	Amount of Each Disbursement this Period $318.90
C. Full Name, Mailing Address and ZIP Code Exxon Street Required Crowley LA 70527	Purpose of Disbursement Travel Expense Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	Date (month, day, year) 12/31/99	Amount of Each Disbursement this Period $30.99
D. Full Name, Mailing Address and ZIP Code Exxon Street Required Crowley LA 70527	Purpose of Disbursement Travel Expense Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	Date (month, day, year) 8/25/99	Amount of Each Disbursement this Period $17.97
E. Full Name, Mailing Address and ZIP Code Exxon Street Required Crowley LA 70527	Purpose of Disbursement Travel Expense Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	Date (month, day, year) 7/30/99	Amount of Each Disbursement this Period $27.68
F. Full Name, Mailing Address and ZIP Code Exxon Gas Street Required City ST 00000	Purpose of Disbursement Travel Expense Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	Date (month, day, year) 9/29/99	Amount of Each Disbursement this Period $26.11
G. Full Name, Mailing Address and ZIP Code Families Helping Families Street Required City ST 00000	Purpose of Disbursement Donation Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	Date (month, day, year) 12/13/99	Amount of Each Disbursement this Period $100.00
H. Full Name, Mailing Address and ZIP Code Fedex P.O. Box 1140 Dept A. Memphis TN 38101	Purpose of Disbursement Postage Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	Date (month, day, year) 9/29/99	Amount of Each Disbursement this Period $15.75
I. Full Name, Mailing Address and ZIP Code Fedex P.O. Box 1140 Dept A. Memphis TN 38101	Purpose of Disbursement Postage Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	Date (month, day, year) 8/25/99	Amount of Each Disbursement this Period $19.00

SUBTOTAL of Disbursements This Page (optional)	$875.30
TOTAL This Period (last page this line number only)	

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 17

Operating Expenditures

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NAME OF COMMITTEE (in Full)

Chris John For Congress Committee INC C00316596

A. Full Name, Mailing Address and ZIP Code Fedex P.O. Box 1140 Dept A. Memphis TN 38101	Purpose of Disbursement Postage Postage Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	Date (month, day, year) 7/30/99	Amount of Each Disbursement this Period $18.75
B. Full Name, Mailing Address and ZIP Code Fedex P.O. Box 1140 Dept A. Memphis TN 38101	Purpose of Disbursement Postage Postage Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	Date (month, day, year) 7/30/99	Amount of Each Disbursement this Period $18.75
C. Full Name, Mailing Address and ZIP Code Fedex P.O. Box 1140 Dept A. Memphis TN 38101	Purpose of Disbursement Postage Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	Date (month, day, year) 9/29/99	Amount of Each Disbursement this Period $15.75
D. Full Name, Mailing Address and ZIP Code Fedex P.O. Box 1140 Dept A. Memphis TN 38101	Purpose of Disbursement Postage Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	Date (month, day, year) 9/29/99	Amount of Each Disbursement this Period $12.75
E. Full Name, Mailing Address and ZIP Code Fedex P.O. Box 1140 Dept A. Memphis TN 38101	Purpose of Disbursement Postage Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	Date (month, day, year) 10/29/99	Amount of Each Disbursement this Period $15.00
F. Full Name, Mailing Address and ZIP Code Fedex P.O. Box 1140 Dept A. Memphis TN 38101	Purpose of Disbursement Postage Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	Date (month, day, year) 11/30/99	Amount of Each Disbursement this Period $3.62
G. Full Name, Mailing Address and ZIP Code Fedex P.O. Box 1140 Dept A. Memphis TN 38101	Purpose of Disbursement Postage Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	Date (month, day, year) 9/29/99	Amount of Each Disbursement this Period $15.75
H. Full Name, Mailing Address and ZIP Code Fedex P.O. Box 1140 Dept A. Memphis TN 38101	Purpose of Disbursement Postage Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	Date (month, day, year) 7/30/99	Amount of Each Disbursement this Period $15.75
I. Full Name, Mailing Address and ZIP Code Germanfest Street Required City ST 00000	Purpose of Disbursement Donation Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	Date (month, day, year) 10/1/99	Amount of Each Disbursement this Period $250.00

SUBTOTAL of Disbursements This Page (optional)	$366.12
TOTAL This Period (last page this line number only)	

SCHEDULE B ITEMIZED DISBURSEMENTS

Operating Expenditures

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

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

Chris John For Congress Committee INC C00316596

A. Full Name, Mailing Address and ZIP Code Gueydan Journal P.O. Box 536 Gueydan LA 70542	Purpose of Disbursement Print Ads Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	Date (month, day, year) 9/29/99	Amount of Each Disbursment this Period $55.00
B. Full Name, Mailing Address and ZIP Code Gueydan Journal P.O. Box 536 Gueydan LA 70542	Purpose of Disbursement Print Ads Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	Date (month, day, year) 8/10/99	Amount of Each Disbursment this Period $75.00
C. Full Name, Mailing Address and ZIP Code Hulco Printing 204 E Amadee Lafayette LA 70503	Purpose of Disbursement Office Expenses Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	Date (month, day, year) 9/15/99	Amount of Each Disbursment this Period $423.86
D. Full Name, Mailing Address and ZIP Code Hunan Dynasty Restaurant 215 Pennsylvania Ave S E Washington DC 20003	Purpose of Disbursement Dining Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	Date (month, day, year) 8/25/99	Amount of Each Disbursment this Period $55.85
E. Full Name, Mailing Address and ZIP Code Israel Curtis Campaign 630 Lee St. Alexandria LA 71301	Purpose of Disbursement Political Contributions Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	Date (month, day, year) 9/23/99	Amount of Each Disbursment this Period $350.00
F. Full Name, Mailing Address and ZIP Code James Savoie Campaign P.O. Box 1250 Cameron LA 70631	Purpose of Disbursement Political Contributions Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	Date (month, day, year) 9/23/99	Amount of Each Disbursment this Period $250.00
G. Full Name, Mailing Address and ZIP Code Jefferson Parish Sheriffs P.O. Box 327 Gretna LA 70054	Purpose of Disbursement Donation Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	Date (month, day, year) 11/9/99	Amount of Each Disbursment this Period $1,598.20
H. Full Name, Mailing Address and ZIP Code Jennings Golf And Country Club Street Required City ST 00000	Purpose of Disbursement Dining Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	Date (month, day, year) 9/29/99	Amount of Each Disbursment this Period $131.09
I. Full Name, Mailing Address and ZIP Code Jesse House Of Flowers 417 Alamo Street Lake Charles LA 70601	Purpose of Disbursement Office Expenses Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	Date (month, day, year) 7/30/99	Amount of Each Disbursment this Period $94.40

SUBTOTAL of Disbursements This Page (optional) $2,933.40

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

SCHEDULE B ITEMIZED DISBURSEMENTS

Operating Expenditures

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

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

Chris John For Congress Committee INC C00316596

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Joe Salter Campaign P.O. Box 250 Florien LA 71429	Political Contributions Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	9/23/99	$250.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
John Diaz Campaign P.O. Box 608 Gonzales LA 70737	Political Contributions Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	9/23/99	$250.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
John, Chris P.O. Box 971 Crowley LA 70527	Travel Expense Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	11/9/99	$129.89
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
John, Chris P.O. Box 971 Crowley LA 70527	Travel Expense Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	7/12/99	$17.50
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
John, Chris P.O. Box 971 Crowley LA 70527	Travel Expense Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	8/10/99	$19.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
John, Joseph Street Required City ST 00000	Fundraising Expense Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	12/21/99	$40.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Johnsen, Christian 2810 N Glade Street NW Washington DC 20016	IN-KIND RECEIVED Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	9/29/99	$629.81
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Kaplan Advertising P.O. Drawer 51500 Lafayette LA 70505	Fundraising Expense Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	7/1/99	$9,369.79
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Kaplan Advertising P.O. Drawer 51500 Lafayette LA 70505	Fundraising Expense Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	11/24/99	$1,269.75

SUBTOTAL of Disbursements This Page (optional)	$11,974.74
TOTAL This Period (last page this line number only)	

SCHEDULE B ITEMIZED DISBURSEMENTS

Operating Expenditures

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

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FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

Chris John For Congress Committee INC C00316596

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
A. Full Name, Mailing Address and ZIP Code Kaplan Ducks Unlimited Street Required Kaplan LA 70548	Donation Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	8/17/99	$50.00
B. Full Name, Mailing Address and ZIP Code KBON Radio 109 South 2nd ST. Eunice LA 70535	Purpose of Disbursement Radio Ads Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	11/9/99	$50.00
C. Full Name, Mailing Address and ZIP Code KC Golf Tournament Street Required City ST 00000	Purpose of Disbursement Donation Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	7/12/99	$100.00
D. Full Name, Mailing Address and ZIP Code Kinko Street Required City ST 00000	Purpose of Disbursement Office Expenses Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	12/31/99	$59.79
E. Full Name, Mailing Address and ZIP Code Kinko Street Required City ST 00000	Purpose of Disbursement Office Expenses Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	12/31/99	$63.64
F. Full Name, Mailing Address and ZIP Code La Dept Of Revenue P.O. Box 91017 Baton Rouge LA 70821	Purpose of Disbursement Taxes Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	7/30/99	$104.00
G. Full Name, Mailing Address and ZIP Code La Dept Of Revenue P.O. Box 91017 Baton Rouge LA 70821	Purpose of Disbursement Taxes Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	10/28/99	$104.00
H. Full Name, Mailing Address and ZIP Code Labanese Tavern Street Required City ST 00000	Purpose of Disbursement Dining Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	9/29/99	$94.06
I. Full Name, Mailing Address and ZIP Code Lafayette Assc Of Retarded Cit 300 New Hope Road Lafayette LA 70506	Purpose of Disbursement Donation Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	7/12/99	$250.00

SUBTOTAL of Disbursements This Page (optional) $875.49

TOTAL This Period (last page this line number only)

SCHEDULE B ITEMIZED DISBURSEMENTS

Operating Expenditures

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

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

Chris John For Congress Committee INC C00316596

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Le Triomphe 100 Club Blvd Broussard LA 70518	Fundraising Expense Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	7/30/99	$9,023.25
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Louisiana Democratic Party P.O. Box 4385 Baton Rouge LA 70821	Donation Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	9/23/99	$5,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursment this Period
Louisiana Democratic Party P.O. Box 4385 Baton Rouge LA 70821	Donation Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	9/23/99	$10,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Lynn G S Street Required City ST 00000	Dining Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	7/30/99	$105.70
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursment this Period
Mail Box Etc 4400 Ambassador Caffery Pkwy Lafayette LA 70508	Postage Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	9/29/99	$17.75
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursment this Period
March Of Dimes P.O. Box 60177 New Orleans LA 70160	Donation Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	8/10/99	$25.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursment this Period
Massie, Camille 501 High Street Alexandria VA 22302	IN-KIND RECEIVED Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	11/16/99	$300.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursment this Period
Michael And Sons Street Required City ST 00000	Dining Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	7/30/99	$20.50
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursment this Period
Midas Muffler 525 New York Ave NW Washington DC 20001	Travel Expense Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	10/29/99	$158.33

SUBTOTAL of Disbursements This Page (optional) $24,650.53

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

SCHEDULE B — ITEMIZED DISBURSEMENTS

Operating Expenditures

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

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NAME OF COMMITTEE (In Full)

Chris John For Congress Committee INC — C00316596

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
A. Mike Open Street Required City ST 00000	Donation Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	7/1/99	$125.00
B. Miller, Pat Box 1349 Hwy 749 Opelousas LA 70570	Campaign Workers' Salaries Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	9/29/99	$500.00
C. Miller, Pat Box 1349 Hwy 749 Opelousas LA 70570	Campaign Workers' Salaries Campaign Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	10/29/99	$500.00
D. Miller, Pat Box 1349 Hwy 749 Opelousas LA 70570	Campaign Workers' Salaries Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	11/30/99	$500.00
E. Miller, Pat Box 1349 Hwy 749 Opelousas LA 70570	Campaign Workers' Salaries Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	8/31/99	$500.00
F. Miller, Pat Box 1349 Hwy 749 Opelousas LA 70570	Campaign Workers' Salaries Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	7/30/99	$500.00
G. National Democratic Club 30 Ivy Street SE Washington DC 20003	Dues Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	11/9/99	$137.50
H. Nickel, Jeffery P.O. Drawer G Crowley LA 70526	Office Expenses Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	11/9/99	$25.00
I. Nicks On Second Street Required City ST 00000	Dining Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	9/29/99	$213.13

SUBTOTAL of Disbursements This Page (optional)	$3,000.63
TOTAL This Period (last page this line number only)	

SCHEDULE B ITEMIZED DISBURSEMENTS

Operating Expenditures

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

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NAME OF COMMITTEE (In Full)

Chris John For Congress Committee INC C00316596

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
A. Full Name, Mailing Address and ZIP Code Notre Dame High School 910 East Ave Crowley LA 70527	Print Ads Print Ads Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	8/10/99	$45.00
B. Full Name, Mailing Address and ZIP Code Nouveau Zydeco Street Required City ST 00000	Purpose of Disbursement Donation Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	9/16/99	$100.00
C. Full Name, Mailing Address and ZIP Code Office Depot 4670 Johnston Street Lafayette LA 70508	Purpose of Disbursement Office Expenses Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	12/31/99	$16.11
D. Full Name, Mailing Address and ZIP Code Office Depot 4670 Johnston Street Lafayette LA 70508	Purpose of Disbursement Office Expenses Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	9/29/99	$42.00
E. Full Name, Mailing Address and ZIP Code Office Depot 4670 Johnston Street Lafayette LA 70508	Purpose of Disbursement Office Expenses Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	9/29/99	$126.83
F. Full Name, Mailing Address and ZIP Code Office Depot 4670 Johnston Street Lafayette LA 70508	Purpose of Disbursement Office Expenses Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	9/29/99	$7.31
G. Full Name, Mailing Address and ZIP Code Office Depot 4670 Johnston Street Lafayette LA 70508	Purpose of Disbursement Office Expenses Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	7/30/99	$35.46
H. Full Name, Mailing Address and ZIP Code Office Depot 4670 Johnston Street Lafayette LA 70508	Purpose of Disbursement Office Expenses Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	12/31/99	$89.81
I. Full Name, Mailing Address and ZIP Code Office Depot 4670 Johnston Street Lafayette LA 70508	Purpose of Disbursement Office Expenses Office Expenses Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	7/30/99	$18.26

SUBTOTAL of Disbursements This Page (optional) >	$490.78
TOTAL This Period (last page this line number only) >	

SCHEDULE B ITEMIZED DISBURSEMENTS

Operating Expenditures

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

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

Chris John For Congress Committee INC C00316598

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Office Max 5700 Johnson Street Lafayette LA 70503	Office Expenses Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	12/31/99	$17.71
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Office Max 5700 Johnson Street Lafayette LA 70503	Office Expenses Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	12/31/99	$41.68
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Office Max 5700 Johnson Street Lafayette LA 70503	Office Expenses Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	12/31/99	$33.84
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Office Of Regulatory Services P.O. Box 94094 Baton Rouge LA 70804	Taxes Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	7/30/99	$51.15
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Old Ebbitt Grill Street Required City ST 00000	Dining Dining Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	7/30/99	$95.77
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Pac, Independent Ins 412 First Street SE Suite 300 Washington DC 20003	IN-KIND RECEIVED Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	11/15/99	$162.90
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Pac, Union Pacific R 555 Thirteenth Street NW Washington DC 20004	IN-KIND RECEIVED Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	10/20/99	$150.50
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Paper Warehouse Street Required City ST 00000	Fundraising Expense Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	12/31/99	$22.36
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Pats Of Cameron Street Required City ST 00000	Dining Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	9/29/99	$500.00

SUBTOTAL of Disbursements This Page (optional) $1,075.91

TOTAL This Period (last page this line number only)

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Operating Expenditures

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

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

Chris John For Congress Committee INC C00316596

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Pats Of Hedarson Street Required City ST 00000	Dining Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	12/31/99	$95.24
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
PBI Postage Meter P.O. Box 7247 Philadelphia PA 19170	Postage Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	9/29/99	$120.68
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
PBI Postage Meter P.O. Box 7247 Philadelphia PA 19170	Office Expenses Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	10/29/99	$26.42
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
PBI Postage Meter P.O. Box 7247 Philadelphia PA 19170	Office Expenses Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	12/31/99	$26.42
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
PBI Postage Meter P.O. Box 7247 Philadelphia PA 19170	Postage Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	12/31/99	$500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
PBI Postage Meter P.O. Box 7247 Philadelphia PA 19170	Office Expenses Office Expenses Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	7/30/99	$26.42
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
PBI Postage Meter P.O. Box 7247 Philadelphia PA 19170	Office Expenses Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	9/29/99	$26.42
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
PBI Postage Meter P.O. Box 7247 Philadelphia PA 19170	Postage Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	8/25/99	$26.42
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
PBI Postage Meter P.O. Box 7247 Philadelphia PA 19170	Office Expenses Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	9/29/99	$26.42

SUBTOTAL of Disbursements This Page (optional)	$874.44
TOTAL This Period (last page this line number only)	

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Operating Expenditures

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

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

Chris John For Congress Committee INC C00316596

A. Full Name, Mailing Address and ZIP Code Petroleum Athletic Assn. Street Required City ST 00000	Purpose of Disbursement Donation Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	Date (month, day, year) 8/25/99	Amount of Each Disbursement this Period $100.00
B. Full Name, Mailing Address and ZIP Code Photo Dimensions Street Required City ST 00000	Purpose of Disbursement Office Expenses Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	Date (month, day, year) 9/29/99	Amount of Each Disbursement this Period $34.79
C. Full Name, Mailing Address and ZIP Code Piggly Wiggly Street Required City ST 00000	Purpose of Disbursement Donation Donation Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	Date (month, day, year) 9/29/99	Amount of Each Disbursement this Period $30.00
D. Full Name, Mailing Address and ZIP Code Prather, Garrett Street Required City ST 00000	Purpose of Disbursement Fundraising Expense Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	Date (month, day, year) 12/21/99	Amount of Each Disbursement this Period $100.00
E. Full Name, Mailing Address and ZIP Code Prather, Wil Street Required City ST 00000	Purpose of Disbursement Fundraising Expense Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	Date (month, day, year) 12/21/99	Amount of Each Disbursement this Period $100.00
F. Full Name, Mailing Address and ZIP Code Quicke Rubber Stamp Street Required City ST 00000	Purpose of Disbursement Office Expenses Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	Date (month, day, year) 9/29/99	Amount of Each Disbursement this Period $19.30
G. Full Name, Mailing Address and ZIP Code Raspberry Falls Golf Street Required City ST 00000	Purpose of Disbursement Fundraising Expense Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	Date (month, day, year) 8/25/99	Amount of Each Disbursement this Period $205.42
H. Full Name, Mailing Address and ZIP Code Raspberry Falls Golf Street Required City ST 00000	Purpose of Disbursement Dining Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	Date (month, day, year) 10/29/99	Amount of Each Disbursement this Period $39.71
I. Full Name, Mailing Address and ZIP Code Raspberry Falls Golf Street Required City ST 00000	Purpose of Disbursement Fundraising Expense Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	Date (month, day, year) 8/25/99	Amount of Each Disbursement this Period $1,161.87

SUBTOTAL of Disbursements This Page (optional)	$1,791.09
TOTAL This Period (last page this line number only)	

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Operating Expenditures

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

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

Chris John For Congress Committee INC C00316596

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Rayne Acadian-Tribune P.O. Box 260 Rayne LA 70578	Print Ads Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	11/9/99	$170.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Rayne Acadian-Tribune P.O. Box 260 Rayne LA 70578	Print Ads Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	10/28/99	$170.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Rayne Chamber Of Commerce 1023 the Boulevard Rayne LA 70578	Dues Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	8/23/99	$50.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Rayne Hs Athetics 1016 North Polk St. Rayne LA 70578	Print Ads Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	8/10/99	$45.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Red Hot And Blue Restaurant Street Required City ST 00000	Dining Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	9/29/99	$212.73
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Ross, Doga Street Required City ST 00000	Fundraising Expense Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	12/21/99	$40.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Roy Al Flowers And Gifts 401 W University Lafayette LA 70506	Gift Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	10/27/99	$142.45
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Roy Al Flowers And Gifts 401 W University Lafayette LA 70506	Office Expenses Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	7/1/99	$59.13
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Roys Catfish Hut Street Required City ST 00000	Dining Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	9/29/99	$325.23

SUBTOTAL of Disbursements This Page (optional)	$1,214.54
TOTAL This Period (last page this line number only)	

SCHEDULE B ITEMIZED DISBURSEMENTS

Operating Expenditures

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

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

Chris John For Congress Committee INC C00316596

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
A. Full Name, Mailing Address and ZIP Code Ruth Chris Steak 620 West Pinhook Lafayette LA 70503	Dining Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	12/31/99	$391.34
B. Full Name, Mailing Address and ZIP Code Ruth Chris Steak 620 West Pinhook Lafayette LA 70503	Dining Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	9/29/99	$331.05
C. Full Name, Mailing Address and ZIP Code Sams Wholesale Club 130 N Ambassador Pkwy Scott LA 70583	Office Expenses Office Expenses Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	7/1/99	$210.87
D. Full Name, Mailing Address and ZIP Code Sheetz 221 10101 J Madison Basleton VA 22712	Travel Expense Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	9/29/99	$28.26
E. Full Name, Mailing Address and ZIP Code Sherman Copelin Campaign 107 Harbor Cir New Orleans LA 70126	Political Contributions Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	9/23/99	$250.00
F. Full Name, Mailing Address and ZIP Code Shopper 49 3801 Jefferson Davis Hwy Alexandria VA 22305	Office Expenses Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	10/29/99	$170.59
G. Full Name, Mailing Address and ZIP Code Shreve, Angela 3226 Stakes RD Crowley LA 70527	Campaign Workers' Salaries Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	8/16/99	$250.00
H. Full Name, Mailing Address and ZIP Code Shreve, Angela 3226 Stakes RD Crowley LA 70527	Campaign Workers' Salaries Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	7/15/99	$250.00
I. Full Name, Mailing Address and ZIP Code Shreve, Angela 3226 Stakes RD Crowley LA 70527	Campaign Workers' Salaries Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	9/15/99	$250.00

SUBTOTAL of Disbursements This Page (optional)	$2,140.11
TOTAL This Period (last page this line number only)	

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Operating Expenditures

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NAME OF COMMITTEE (In Full)

Chris John For Congress Committee INC C00316596

A. Full Name, Mailing Address and ZIP Code Shreve, Angela 3226 Stakes RD Crowley LA 70527	Purpose of Disbursement Campaign Workers' Salaries Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	Date (month, day, year) 10/13/99	Amount of Each Disbursement this Period $250.00
B. Full Name, Mailing Address and ZIP Code Shreve, Angela 3226 Stakes RD Crowley LA 70527	Purpose of Disbursement Campaign Workers' Salaries Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	Date (month, day, year) 11/15/99	Amount of Each Disbursement this Period $250.00
C. Full Name, Mailing Address and ZIP Code Shreve, Angela 3226 Stakes RD Crowley LA 70527	Purpose of Disbursement Campaign Workers' Salaries Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	Date (month, day, year) 12/15/99	Amount of Each Disbursement this Period $250.00
D. Full Name, Mailing Address and ZIP Code Southern Development 301 East Sandoz Opelousas LA 70570	Purpose of Disbursement Donation Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	Date (month, day, year) 7/30/99	Amount of Each Disbursement this Period $200.00
E. Full Name, Mailing Address and ZIP Code Southside Development Corp. Street Required City ST 00000	Purpose of Disbursement Donation Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	Date (month, day, year) 7/1/99	Amount of Each Disbursement this Period $100.00
F. Full Name, Mailing Address and ZIP Code Special Olympics Street Required City ST 00000	Purpose of Disbursement Donation Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	Date (month, day, year) 8/23/99	Amount of Each Disbursement this Period $15.00
G. Full Name, Mailing Address and ZIP Code Spadales Florist 3546 W Pinhook Lafayette LA 70508	Purpose of Disbursement Office Expenses Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	Date (month, day, year) 7/12/99	Amount of Each Disbursement this Period $83.85
H. Full Name, Mailing Address and ZIP Code Spencer, William 1300 N 17th St Arlington VA 22209	Purpose of Disbursement Reimb For Office Expense Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	Date (month, day, year) 8/20/99	Amount of Each Disbursement this Period $133.24
I. Full Name, Mailing Address and ZIP Code Sports Unlimited. P.O. Box 921 Flower Mound TX 75027	Purpose of Disbursement Donation Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	Date (month, day, year) 11/9/99	Amount of Each Disbursement this Period $30.00

SUBTOTAL of Disbursements This Page (optional)	$1,312.09
TOTAL This Period (last page this line number only)	

SCHEDULE B ITEMIZED DISBURSEMENTS

Operating Expenditures

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

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

Chris John For Congress Committee INC C00316596

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
St Joan Of Arch P.O. Box 479 Oberlin LA 70655	Donation Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	8/25/99	$100.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
St John Church P.O. Box 176 Mermentau LA 70556	Donation Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	7/12/99	$100.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
St Michael Athletic Board 1117 Wright Ave Crowley LA 70526	Donation Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	8/10/99	$100.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
St. Jude Research 501 St. Jude Place Memphis TN 38105	Donation Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	11/9/99	$50.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
St. Peters P.O. Box 236 Hackberry LA 70645	Donation Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	8/23/99	$100.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
St. Theresas Church Street Required City ST 00000	Donation Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	8/23/99	$100.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Swisher International 459 E 16th Street Jacksonville FL 32206	Travel Expenses Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	12/9/99	$2,250.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Swla Friends Of The NRA Street Required City ST 00000	Donation Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	7/12/99	$25.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Target Store Street Required City ST 00000	Office Expenses Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	10/29/99	$26.18

SUBTOTAL of Disbursements This Page (optional)	$2,853.18
TOTAL This Period (last page this line number only)	

SCHEDULE B ITEMIZED DISBURSEMENTS

Operating Expenditures

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

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

Chris John For Congress Committee INC C00316596

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
The Mystick Krewe of LA INC P.O. Box 80518 Baton Rouge LA 70898	Dues Dues Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	7/15/99	$550.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
The Palace Cafe Street Required City ST 00000	Dining Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	9/29/99	$36.41
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
The Rayne Independent 201 E St Rayne LA 70578	Print Ads Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	11/24/99	$56.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
The Rayne Independent 201 E St Rayne LA 70578	Print Ads Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	10/27/99	$130.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Tortilla Coast 400 First Street SE Washington DC 20015	Dining Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	9/29/99	$39.82
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Tortilla Coast 400 First Street SE Washington DC 20016	Dining Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	7/30/99	$93.68
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Transition Unlimited Street Required City ST 00000	Donation Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	12/10/99	$30.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Turnley, Kim 512 S Irving Kaplan LA 70548	Campaign Workers' Salaries Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	7/23/99	$522.90
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Turnley, Kim 512 S Irving Kaplan LA 70548	Reimb For Office Expense Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	11/24/99	$52.93

SUBTOTAL of Disbursements This Page (optional)	$1,511.64
TOTAL This Period (last page this line number only)	

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Operating Expenditures

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

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

Chris John For Congress Committee INC C00316596

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
A. Full Name, Mailing Address and ZIP Code Turnley, Kim 512 S Irving Kaplan LA 70548	Reimb For Phone Usage Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	10/1/99	$39.30
B. Full Name, Mailing Address and ZIP Code Turnley, Kim 512 S Irving Kaplan LA 70548	Campaign Workers' Salaries Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	10/1/99	$522.90
C. Full Name, Mailing Address and ZIP Code Turnley, Kim 512 S Irving Kaplan LA 70548	Campaign Workers' Salaries Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	10/15/99	$522.90
D. Full Name, Mailing Address and ZIP Code Turnley, Kim 512 S Irving Kaplan LA 70548	Campaign Workers' Salaries Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	10/29/99	$522.90
E. Full Name, Mailing Address and ZIP Code Turnley, Kim 512 S Irving Kaplan LA 70548	Reimb For Office Expense Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	10/29/99	$32.31
F. Full Name, Mailing Address and ZIP Code Turnley, Kim 512 S Irving Kaplan LA 70548	Reimb For Office Expense Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	11/1/99	$105.00
G. Full Name, Mailing Address and ZIP Code Turnley, Kim 512 S Irving Kaplan LA 70548	Reimb For Office Expense Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	9/3/99	$438.11
H. Full Name, Mailing Address and ZIP Code Turnley, Kim 512 S Irving Kaplan LA 70548	Reimb For Office Expense Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	11/17/99	$341.00
I. Full Name, Mailing Address and ZIP Code Turnley, Kim 512 S Irving Kaplan LA 70548	Campaign Workers' Salaries Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	11/24/99	$522.90

SUBTOTAL of Disbursements This Page (optional)	$3,047.32
TOTAL This Period (last page this line number only)	

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Operating Expenditures

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

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

Chris John For Congress Committee INC C00316596

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Turnley, Kim 512 S Irving Kaplan LA 70548	Reimb For Office Expense Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	7/9/99	$66.20
B. Full Name, Mailing Address and ZIP Code Turnley, Kim 512 S Irving Kaplan LA 70548	Purpose of Disbursement Reimb For Phone Usage Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	Date (month, day, year) 11/30/99	Amount of Each Disbursement this Period $45.92
C. Full Name, Mailing Address and ZIP Code Turnley, Kim 512 S Irving Kaplan LA 70548	Purpose of Disbursement Campaign Workers' Salaries Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	Date (month, day, year) 12/10/99	Amount of Each Disbursement this Period $522.90
D. Full Name, Mailing Address and ZIP Code Turnley, Kim 512 S Irving Kaplan LA 70548	Purpose of Disbursement Reimb For Office Expense Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	Date (month, day, year) 12/14/99	Amount of Each Disbursement this Period $75.00
E. Full Name, Mailing Address and ZIP Code Turnley, Kim 512 S Irving Kaplan LA 70548	Purpose of Disbursement Campaign Workers' Salaries Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	Date (month, day, year) 12/23/99	Amount of Each Disbursement this Period $522.90
F. Full Name, Mailing Address and ZIP Code Turnley, Kim 512 S Irving Kaplan LA 70548	Purpose of Disbursement Reimb For Phone Usage Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	Date (month, day, year) 12/23/99	Amount of Each Disbursement this Period $30.99
G. Full Name, Mailing Address and ZIP Code Turnley, Kim 512 S Irving Kaplan LA 70548	Purpose of Disbursement Campaign Workers' Salaries Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	Date (month, day, year) 9/17/99	Amount of Each Disbursement this Period $523.90
H. Full Name, Mailing Address and ZIP Code Turnley, Kim 512 S Irving Kaplan LA 70548	Purpose of Disbursement Reimb For Phone Usage Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	Date (month, day, year) 9/17/99	Amount of Each Disbursement this Period $27.32
I. Full Name, Mailing Address and ZIP Code Turnley, Kim 512 S Irving Kaplan LA 70548	Purpose of Disbursement Reimb For Phone Usage Reimb For Phone Usage Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	Date (month, day, year) 10/12/99	Amount of Each Disbursement this Period $31.34

SUBTOTAL of Disbursements This Page (optional)	$1,845.47
TOTAL This Period (last page this line number only)	

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Operating Expenditures

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

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

Chris John For Congress Committee INC C00316595

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Turnley, Kim 512 S Irving Kaplan LA 70548	Campaign Workers' Salaries Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	11/12/99	$522.90
B. Full Name, Mailing Address and ZIP Code Turnley, Kim 512 S Irving Kaplan LA 70548	Purpose of Disbursement Reimb For Phone Usage Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	Date (month, day, year) 8/20/99	Amount of Each Disbursement this Period $22.71
C. Full Name, Mailing Address and ZIP Code Turnley, Kim 512 S Irving Kaplan LA 70548	Purpose of Disbursement Other (Enter Description) Reimb for Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	Date (month, day, year) 8/20/99	Amount of Each Disbursement this Period $25.00
D. Full Name, Mailing Address and ZIP Code Turnley, Kim 512 S Irving Kaplan LA 70548	Purpose of Disbursement Campaign Workers' Salaries Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	Date (month, day, year) 8/20/99	Amount of Each Disbursement this Period $522.90
E. Full Name, Mailing Address and ZIP Code Turnley, Kim 512 S Irving Kaplan LA 70548	Purpose of Disbursement Reimb For Phone Usage Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	Date (month, day, year) 8/6/99	Amount of Each Disbursement this Period $38.33
F. Full Name, Mailing Address and ZIP Code Turnley, Kim 512 S Irving Kaplan LA 70548	Purpose of Disbursement Campaign Workers' Salaries Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	Date (month, day, year) 8/6/99	Amount of Each Disbursement this Period $522.90
G. Full Name, Mailing Address and ZIP Code Turnley, Kim 512 S Irving Kaplan LA 70548	Purpose of Disbursement Reimb For Phone Usage Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	Date (month, day, year) 7/23/99	Amount of Each Disbursement this Period $28.98
H. Full Name, Mailing Address and ZIP Code Turnley, Kim 512 S Irving Kaplan LA 70548	Purpose of Disbursement Reimb For Office Expense Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	Date (month, day, year) 7/12/99	Amount of Each Disbursement this Period $18.55
I. Full Name, Mailing Address and ZIP Code Turnley, Kim 512 S Irving Kaplan LA 70548	Purpose of Disbursement Campaign Workers' Salaries Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	Date (month, day, year) 7/9/99	Amount of Each Disbursement this Period $522.90

SUBTOTAL of Disbursements This Page (optional)	$2,225.17
TOTAL This Period (last page this line number only)	

SCHEDULE B ITEMIZED DISBURSEMENTS

Operating Expenditures

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

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FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

Chris John For Congress Committee INC C00316596

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Turnley, Kim 512 S Irving Kaplan LA 70548	Campaign Workers' Salaries Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	9/3/99	$522.90
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Tuttle And Tuttle 12 Fort Williams Pkwy Alexandria VA 22304	Office Expenses Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	11/24/99	$650.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
U S House Members Dining Street Required Washington DC 20515	Dining Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	12/31/99	$15.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
U S House Of Rep Gift Shop B 217 Longworth Building Washington DC 20515	Office Expenses Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	9/29/99	$12.96
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
U S House Of Rep Gift Shop B 217 Longworth Building Washington DC 20515	Gift Gift Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	7/30/99	$86.76
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
U S House Of Rep Gift Shop B 217 Longworth Building Washington DC 20515	Office Expenses Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	8/25/99	$28.80
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
U S House Of Rep Gift Shop B 217 Longworth Building Washington DC 20515	Office Expenses Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	8/25/99	$86.40
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
U S Postal Service 118 W 3rd Street Kaplan LA 70548	Postage Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	9/29/99	$39.40
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
U S Postal Service 118 W 3rd Street Kaplan LA 70548	Postage Postage Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	7/30/99	$39.40

SUBTOTAL of Disbursements This Page (optional)	$1,481.62
TOTAL This Period (last page this line number only)	

SCHEDULE B ITEMIZED DISBURSEMENTS

Operating Expenditures

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

FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

Chris John For Congress Committee INC C00316596

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
U S Postal Service 118 W 3rd Street Kaplan LA 70548	Postage Postage Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	7/30/99	$13.10
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
U S Postal Service 455 Feu Follet Lafayette LA 70505	Postage Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	8/25/99	$11.75
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
United Air Street Required City ST 00000	Travel Expense Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	8/25/99	$961.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
United Intl Foundation 8470 Lewis St. Baton Rouge LA 70804	Donation Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	11/24/99	$500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
United States Postal Service Longworth HOB Suite B202 Washington DC 20515	Postage Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	12/31/99	$66.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
United States Postal Service Longworth HOB Suite B202 Washington DC 20515	Postage Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	10/29/99	$66.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
United States Postal Service Longworth HOB Suite B202 Washington DC 20515	Postage Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	9/29/99	$33.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
United States Postal Service Longworth HOB Suite B202 Washington DC 20515	Postage Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	9/29/99	$33.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
United States Postal Service Longworth HOB Suite B202 Washington DC 20515	Postage Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	7/30/99	$16.00

SUBTOTAL of Disbursements This Page (optional) $1,699.85

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

SCHEDULE B — ITEMIZED DISBURSEMENTS

Operating Expenditures

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

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FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

Chris John For Congress Committee INC — C00316596

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
US Postal Service 123 East 3rd Crowley LA 70527	Postage Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	9/29/99	$99.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement this Period**
US Postal Service 123 East 3rd Crowley LA 70527	Postage Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	7/30/99	$43.45
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement this Period**
US Postal Service 3523 Ambassador Caffery Lafayette LA 70503	Postage Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	12/31/99	$345.75
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement this Period**
US Postal Service 123 East 3rd Crowley LA 70527	Postage Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	12/31/99	$59.40
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement this Period**
US Postal Service 123 East 3rd Crowley LA 70527	Postage Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	12/31/99	$8.80
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement this Period**
US Postal Service 123 East 3rd Crowley LA 70527	Postage Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	9/29/99	$10.37
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement this Period**
Vermilion Parish Library Fund 200 N Magdalen Sq. Abbeville LA 70510	Donation Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	8/10/99	$30.00
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement this Period**
Walmart Street Required City ST 00000	Office Expenses Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	10/29/99	$78.34
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement this Period**
Walmart 729 Odfellows Road Crowley LA 70527	Office Expenses Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	7/30/99	$10.04

SUBTOTAL of Disbursements This Page (optional) $685.15

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

SCHEDULE B ITEMIZED DISBURSEMENTS

Operating Expenditures

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

Chris John For Congress Committee INC C00316596

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
A. Walmart 3222 Ambassador Caffery Pkwy Lafayette LA 70506	Office Expenses Disbursement For: [X] Primary [ ] General [ ] Other (Specify):	7/30/99	$32.22
B. Wayne Ardoin Campaign Street Required City ST 00000	Political Contributions Disbursement For: [X] Primary [ ] General [ ] Other (Specify):	9/23/99	$250.00
C. Winn Dixie 2004 North Parkerson Crowley LA 70526	Office Expenses Disbursement For: [X] Primary [ ] General [ ] Other (Specify):	10/29/99	$20.52
D. Winn Dixie 2004 North Parkerson Crowley LA 70526	Office Expenses Disbursement For: [X] Primary [ ] General [ ] Other (Specify):	10/29/99	$34.81
E. Womens Comm Of Southwest La Street Required City ST 00000	Donation Disbursement For: [X] Primary [ ] General [ ] Other (Specify):	9/2/99	$40.00
	Disbursement For: [ ] Primary [ ] General [ ] Other (Specify):		
	Disbursement For: [ ] Primary [ ] General [ ] Other (Specify):		
	Disbursement For: [ ] Primary [ ] General [ ] Other (Specify):		
	Disbursement For: [ ] Primary [ ] General [ ] Other (Specify):		

SUBTOTAL of Disbursements This Page (optional)	$377.55
TOTAL This Period (last page this line number only)	$84,702.48

SCHEDULE B ITEMIZED DISBURSEMENTS

Other Disbursements

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

PAGE 1 OF 3

FOR LINE NUMBER 21

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NAME OF COMMITTEE (In Full)

Chris John For Congress Committee INC C00316595

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Alex Heaton Campaign 3323 S Carrollton Ave New Orleans LA 70118	nonfederal Contribution Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	9/23/99	$250.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Billy Montgomery Campaign 4326 Parkway Dr. Bossier City LA 71112	nonfederal Contribution Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	9/23/99	$250.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Bryant Hammett Campaign P.O. Box 408 Ferriday LA 71334	nonfederal Contribution Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	9/23/99	$250.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Charles Hudson Campaign 115 West Vine St. Opelousas LA 70570	nonfederal Contribution Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	9/23/99	$250.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Charlie Dewitt Campaign P.O. Box 67 Lecompte LA 71346	nonfederal Contribution Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	9/23/99	$250.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Chris William Campaign P.O. Box 4017-C Lafayette LA 70502	nonfederal Contribution Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	9/23/99	$250.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Elie Guillory Campaign 2320 Dewey St Lake Charles LA 70601	nonfederal Contribution Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	9/23/99	$250.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Jacquelyn Clarkson Campaign Westpark One New Orleans LA 70114	nonfederal Contribution Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	9/23/99	$250.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
John Smith Campaign 611 B S Fifth St Leesville LA 71446	nonfederal Contribution Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	9/23/99	$2,500.00

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

SCHEDULE B ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 3

FOR LINE NUMBER 21

Other Disbursements

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NAME OF COMMITTEE (In Full)

Chris John For Congress Committee INC C00316595

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Kathleen Blanco Campaign 900 N Third St Baton Rouge LA 70804	nonfederal Contribution Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	9/23/99	$500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Ken Goss Campaign P.O. Box 289 Crowley LA 70527	nonfederal Contribution Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	9/23/99	$500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Ken Odinet Campaign 932 Angela Ave Arabi LA 70032	nonfederal Contribution Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	9/23/99	$250.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Mark Poche Campaign Street Required City ST 00000	nonfederal Contribution Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	9/23/99	$250.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Melinda Schwegmann Campaign 6305 Elysian Fields New Orleans LA 70122	nonfederal Contribution Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	9/23/99	$250.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Mitch Landrieu Campaign 1100 Poydras St. New Orleans LA 70163	nonfederal Contribution Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	9/23/99	$250.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Mitch Theriot Campaign P.O. Box 308 Lockport LA 70374	nonfederal Contribution Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	9/23/99	$250.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Ronnie Johns Campaign 3620 Maplewood Sulphur LA 70663	nonfederal Contribution Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	9/23/99	$250.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Russell Benoit Campaign P.O. Box 1329 Crowley LA 70527	nonfederal Contribution Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	9/23/99	$500.00

SUBTOTAL of Disbursements This Page (optional) ---------- $3,000.00

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

SCHEDULE B ITEMIZED DISBURSEMENTS

Other Disbursements

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

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FOR LINE NUMBER 21

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NAME OF COMMITTEE (In Full)

Chris John For Congress Committee INC C00316596

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
A. **Sheriff Hal Turner** **Street Required** **City ST 00000**	nonfederal Contribution Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	9/23/99	$250.00
B. **Sheriff Ricky Edwards Campaign** **P.O. Box 1449** **Jennings LA 70546**	nonfederal Contribution Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	9/23/99	$250.00
C. **Suzanne Terrell Campaign** **1300 Perdido St.** **New Orleans LA 70112**	nonfederal Contribution Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	9/23/99	$1,000.00
D. **Troy Hebert Campaign** **Street Required** **City ST 00000**	nonfederal Contribution Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	9/23/99	$250.00
E. **Walter Comeaux Campaign** **P.O. Box 4017-C** **Lafayette LA 70502**	nonfederal Contribution Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	9/23/99	$250.00
F. **Wayne McElveen Campaign** **P.O. Box 3722** **Lake Charles LA 70602**	nonfederal Contribution Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	9/23/99	$500.00
G. **William Daniel Campaign** **3609 Perkins Rd** **Baton Rouge LA 70808**	nonfederal Contribution Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	9/23/99	$250.00
H. **Willie Mount Campaign** **P.O. Box 900** **Lake Charles LA 70602**	nonfederal Contribution Disbursement For: ☒ Primary ☐ General ☐ Other (Specify):	9/23/99	$250.00
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: ☐ Primary ☐ General ☐ Other (Specify):	Date (month, day, year)	Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)	$3,000.00
TOTAL This Period (last page this line number only)	$10,500.00

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

☐	Hand Delivered	Date of Receipt
☐	First Class Mail	POSTMARKED
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☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

PREPARER

12/1/05
DATE PREPARED

(4/98)