

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

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

FOR LINE NUMBER: **PAGE 88 OF 404**  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)  
**JOHN KENNEDY FOR US**

**A.** Full Name (Last, First, Middle Initial)  
**DUROSSEAU, HIRAM, , ,**  
Mailing Address **6638 SAN DIEGO ST.**

City State Zip Code  
**LAKE CHARLES LA 70607**

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

Name of Employer Occupation  
**H.D. TRUCK & TRACTOR, LLC MANAGING MEMBER**

Receipt For: 2016 Election Cycle-to-Date  
☐ Primary ☐ General  
☒ Other (specify) **Runoff** **2700.00**

Date of Receipt  
**12 / 08 / 2016**

Transaction ID : **SA11AI.16243**

Amount of Each Receipt this Period  
**2700.00**

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**DYNASTY HEALTHCARE MANAGEMENT, LLC**  
Mailing Address **210 MAGNATE DR.**  
**SUITE 100**

City State Zip Code  
**LAFAYETTE LA 70508**

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

Name of Employer Occupation

Receipt For: 2016 Election Cycle-to-Date  
☐ Primary ☐ General  
☒ Other (specify) **Runoff** **2000.00**

Date of Receipt  
**11 / 22 / 2016**

Transaction ID : **SA11AI.12914**

Amount of Each Receipt this Period  
**1000.00**

☐ Memo Item  
**PARTNERSHIP**

**C.** Full Name (Last, First, Middle Initial)  
**BAUDER, WILLIAM, M., ,**  
Mailing Address **9035 BLUEBONNET BLVD.**  
**SUITE 4**

City State Zip Code  
**BATON ROUGE LA 70810**

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

Name of Employer Occupation  
**DYNASTY HEALTHCARE MANAGEMENT PRESIDENT**

Receipt For: 2016 Election Cycle-to-Date  
☐ Primary ☐ General  
☒ Other (specify) **Runoff** **1000.00**

Date of Receipt  
**11 / 22 / 2016**

Transaction ID : **SA11AI.12914.0**

Amount of Each Receipt this Period  
**1000.00**

☒ Memo Item  
**PARTNER AT DYNASTY HEALTHCARE MANAGEMENT, LLC**

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

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

**3700.00**

201703140200081031