

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
PALAZZO FOR CONGRESS

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	14500.00	497696.28
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	14500.00	497696.28
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	26013.35	304194.47
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	177.07
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	26013.35	304017.40
8. Cash on Hand at Close of Reporting Period (from Line 27).....	246270.74	
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).....	2500.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

PALAZZO FOR CONGRESS

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	10000.00	149450.00
(ii) Unitemized.....	0.00	3496.28
(iii) TOTAL of contributions from individuals ▶	10000.00	152946.28
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	4500.00	344750.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	14500.00	497696.28
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	177.07
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	14500.00	497873.35

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	26013.35	304194.47
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	50000.00	70000.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	76013.35	374194.47

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	307784.09
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	14500.00
25. SUBTOTAL (add Line 23 and Line 24).....	322284.09
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	76013.35
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	246270.74

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3A
Transaction ID :

Amendment in response to RFAI dated March 21 2016. The election cycle was incorrect for the Year End Report (10/01/2015 - 12/31/2015).

Form/Schedule:
Transaction ID:

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

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

FOR LINE NUMBER: PAGE 6 OF 22
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Dionne Chouest Austin

Mailing Address 16201 East Main Street

City State Zip Code
Cut Off LA 70345

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 17 / 2016

Transaction ID : SA11AI.20759

Amount of Each Receipt this Period
 1500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Carolyn Chouest

Mailing Address P. O. Box 310

City State Zip Code
Galliano LA 70354

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

Name of Employer Occupation
Best effort Best effort

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 17 / 2016

Transaction ID : SA11AI.20756

Amount of Each Receipt this Period
 2000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Casey J Chouest

Mailing Address 16055 East Main Street

City State Zip Code
Cut Off LA 70345

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

Name of Employer Occupation
Edison Chouest Offshore, LLC VP

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 17 / 2016

Transaction ID : SA11AI.20763

Amount of Each Receipt this Period
 1500.00

Memo Item

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

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

5000.00

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

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

FOR LINE NUMBER: (check only one)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 7 OF 22

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Dino Chouest

Mailing Address P.O. Box 310

City Galliano State LA Zip Code 70354

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

Name of Employer Off Shore Vessel LLC Occupation Vice President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 17 / 2016

Transaction ID : SA11AI.20758

Amount of Each Receipt this Period
 1500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Gary Chouest

Mailing Address P. O. Box 310

City Galliano State LA Zip Code 70354

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

Name of Employer Off Shore Vessel LLC Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 17 / 2016

Transaction ID : SA11AI.20757

Amount of Each Receipt this Period
 2000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Ross Chouest

Mailing Address 16201 East Main Street

City Cut Off State LA Zip Code 70345

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

Name of Employer Edison Chouest Offshore, LLC Occupation VP

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 17 / 2016

Transaction ID : SA11AI.20761

Amount of Each Receipt this Period
 1500.00

Memo Item

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

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

5000.00

10000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 22
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE

Mailing Address 101 CONSTITUTION AVE. NW
SUITE 500 WEST

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00096156

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 17 / 2016

Transaction ID : SA11C.20766

Amount of Each Receipt this Period
2000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE

Mailing Address 101 CONSTITUTION AVE. NW
SUITE 500 WEST

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00096156

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 17 / 2016

Transaction ID : SA11C.20767

Amount of Each Receipt this Period
2000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
VT HALTER MARINE INC POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 1328

City PASCAGOULA State MS Zip Code 39568

FEC ID number of contributing federal political committee. **C** C00321802

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 17 / 2016

Transaction ID : SA11C.20765

Amount of Each Receipt this Period
500.00

Memo Item

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

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

4500.00

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 OF 22	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AGJ Systems & Networks		Date of Disbursement MM / DD / YYYY 01 / 21 / 2016
Mailing Address 14257 Dedeaux Rd Suite A		Amount of Each Disbursement this Period 150.00
City Gulfport	State MS Zip Code 39503	
Purpose of Disbursement Computer and internet	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.20776
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. American Express		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address P.O. Box 650448		Amount of Each Disbursement this Period 12227.64
City Dallas	State TX Zip Code 75265	
Purpose of Disbursement Credit card payment	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.20778
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. 5.11 Tactical.com		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 17610 Shideler Parkway		Amount of Each Disbursement this Period 326.32
City Lathrop	State CA Zip Code 95330	
Purpose of Disbursement Gifts	Category/Type 001	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.20778.0
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	12377.64
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 22	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Applewood Books		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2016
Mailing Address 128 Great Road		Amount of Each Disbursement this Period 8201.20
City Bedford	State ME Zip Code 01730	
Purpose of Disbursement Books and reference	Category/Type 001	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.20778.1
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Congressional Liquor		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2016
Mailing Address 404 First St. SE		Amount of Each Disbursement this Period 38.54
City Washington	State DC Zip Code 20003	
Purpose of Disbursement Gifts	Category/Type 001	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.20778.6
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. Createsend.com Emails		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2016
Mailing Address Suite 404 3-5 Stapleton Ave. Sutherland		Amount of Each Disbursement this Period 171.57
City New South Wales 2232	State ZZ Zip Code 00000	
Purpose of Disbursement E-Mail program	Category/Type 001	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.20778.7
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 OF 22	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

A. Facebook Advertising

Full Name (Last, First, Middle Initial)
Mailing Address 1 Hacker Way

City Menlo Park State CA Zip Code 94025

Purpose of Disbursement Advertising
Candidate Name

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 31 / 2016

Amount of Each Disbursement this Period: 699.82

Memo Item

Transaction ID : SB17.20778.8

B. GoGoAir.com

Full Name (Last, First, Middle Initial)
Mailing Address 1250 North Arlington Heights Road Suite 500

City Itasca State IL Zip Code 60143

Purpose of Disbursement Computer and internet
Candidate Name

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 31 / 2016

Amount of Each Disbursement this Period: 49.95

Memo Item

Transaction ID : SB17.20778.9

c. Handy Lock Management

Full Name (Last, First, Middle Initial)
Mailing Address PO Drawer 1238

City Gautier State MS Zip Code 39553

Purpose of Disbursement Storage
Candidate Name

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 31 / 2016

Amount of Each Disbursement this Period: 175.00

Memo Item

Transaction ID : SB17.20778.10

SUBTOTAL of Disbursements This Page (optional) 0.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 22	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Hanks Oyster Bar		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2016
Mailing Address 1026 King Street		Amount of Each Disbursement this Period 164.50
City Alexandria	State VA Zip Code 22314	
Purpose of Disbursement Campaign Dinner Expense	Category/Type 001	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.20778.11
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. House Gift Shop		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2016
Mailing Address National Press Building 529 14th Street NW		Amount of Each Disbursement this Period 18.15
City Washington	State DC Zip Code 20045	
Purpose of Disbursement Gifts	Category/Type 001	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.20778.14
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. John Fayard Self Storage		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2016
Mailing Address 10213 Lorraine Road		Amount of Each Disbursement this Period 127.00
City Gulfport	State MS Zip Code 39503	
Purpose of Disbursement Storage	Category/Type 001	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.20778.15
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 OF 22	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mary Mahoney's		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2016
Mailing Address 116 Rue Magnolia		Amount of Each Disbursement this Period 300.38
City Biloxi	State MS	
Zip Code 39530	Purpose of Disbursement Campaign Dinner Expense	<input checked="" type="checkbox"/> Memo Item
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.20778.17
State: District:		

Full Name (Last, First, Middle Initial) B. Tico's Steak House		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2016
Mailing Address 1536 East County Line Road		Amount of Each Disbursement this Period 385.50
City Ridgeland	State MS	
Zip Code 39157	Purpose of Disbursement Campaign Dinner Expense	<input checked="" type="checkbox"/> Memo Item
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.20778.23
State: District:		

Full Name (Last, First, Middle Initial) c. Tortilla Coast		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2016
Mailing Address 400 1st Street SE		Amount of Each Disbursement this Period 256.23
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Campaign Dinner Expense	<input checked="" type="checkbox"/> Memo Item
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.20778.25
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 OF 22	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. USPS-Gulfport		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 2421 13th Street		Amount of Each Disbursement this Period 343.00
City Gulfport	State MS Zip Code 39501	
Purpose of Disbursement Postage	Category/Type 001	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.20778.27
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 2600 Beach Blvd		Amount of Each Disbursement this Period 142.29
City Biloxi	State MS Zip Code 39531	
Purpose of Disbursement Wireless telephone	Category/Type 001	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.20778.28
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Authnet Gateway Billing		Date of Disbursement MM / DD / YYYY 01 / 02 / 2016
Mailing Address CyberSource Solution 808 East Utah Valley Dr		Amount of Each Disbursement this Period 30.00
City American Fort	State UT Zip Code 84003	
Purpose of Disbursement Credit card processing	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.20780
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional)	30.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 22			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Authnet Gateway Billing		Date of Disbursement MM / DD / YYYY 02 / 02 / 2016
Mailing Address CyberSource Solution 808 East Utah Valley Dr		Amount of Each Disbursement this Period 30.00
City American Fort	State UT	
Zip Code 84003	Purpose of Disbursement Credit card processing	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	Transaction ID : SB17.20782
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Bancorp South		Date of Disbursement MM / DD / YYYY 02 / 02 / 2016
Mailing Address 2909 13th Street		Amount of Each Disbursement this Period 10.98
City Gulfport	State MS	
Zip Code 39501	Purpose of Disbursement Bank fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	Transaction ID : SB17.20786
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. BGR Government Affairs, LLC		Date of Disbursement MM / DD / YYYY 01 / 21 / 2016
Mailing Address Post Office Box 14416		Amount of Each Disbursement this Period 250.00
City Washington	State DC	
Zip Code 20044	Purpose of Disbursement Event Expense - Room Rental	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	Transaction ID : SB17.20788
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	290.98
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 OF 22	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Breazeale, Saunders & O'Neil, Ltd		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2016
Mailing Address Post Office Box 80		Amount of Each Disbursement this Period 1365.00 <input type="checkbox"/> Memo Item Transaction ID : SB17.20790
City Jackson	State MS	
Zip Code 39205	Purpose of Disbursement Accounting fees	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Capitol Hill Club		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2016
Mailing Address 300 1st Street SE		Amount of Each Disbursement this Period 775.75 <input type="checkbox"/> Memo Item Transaction ID : SB17.20792
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Campaign Dinner Expense	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Innovative Advertising LLC		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2016
Mailing Address 4250 Highway 22 Suite 7		Amount of Each Disbursement this Period 2500.00 <input type="checkbox"/> Memo Item Transaction ID : SB17.20796
City Mandeville	State LA	
Zip Code 70471	Purpose of Disbursement Consultant - Media	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	4640.75
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 OF 22	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Stephanie N. Norris			Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2016	
Mailing Address 12216 Preservation Drive			Amount of Each Disbursement this Period 1000.00	
City Gulfport	State MS	Zip Code 39503	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Consultant - Fundraiser		Category/ Type 001		
Candidate Name			Transaction ID : SB17.20807	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. Stephanie N. Norris			Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2016	
Mailing Address 12216 Preservation Drive			Amount of Each Disbursement this Period 1000.00	
City Gulfport	State MS	Zip Code 39503	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Consultant - Fundraiser		Category/ Type 001		
Candidate Name			Transaction ID : SB17.20809	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. Stephanie N. Norris			Date of Disbursement M M / D D / Y Y Y Y 02 / 15 / 2016	
Mailing Address 12216 Preservation Drive			Amount of Each Disbursement this Period 1000.00	
City Gulfport	State MS	Zip Code 39503	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Consultant - Fundraiser		Category/ Type 001		
Candidate Name			Transaction ID : SB17.20811	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 OF 22	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Palazzo & Company, LLC			Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2016	
Mailing Address 13155 Highway 67, Ste B			Amount of Each Disbursement this Period 1200.00	
City Biloxi	State MS	Zip Code 39532	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Accounting fees		Category/ Type 001	Transaction ID : SB17.20801	
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) B. Sheffield Financial			Date of Disbursement M M / D D / Y Y Y Y 02 / 15 / 2016	
Mailing Address Post Office Box 580229			Amount of Each Disbursement this Period 3135.60	
City Charlotte	State NC	Zip Code 28258	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Golf Cart for campaign events		Category/ Type 001	Transaction ID : SB17.20804	
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) C. Verizon Wireless			Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2016	
Mailing Address 2600 Beach Blvd			Amount of Each Disbursement this Period 147.03	
City Biloxi	State MS	Zip Code 39531	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Wireless telephone		Category/ Type 001	Transaction ID : SB17.20813	
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

SUBTOTAL of Disbursements This Page (optional)	4482.63
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 OF 22	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Winfrey & Company		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2016
Mailing Address 516 N Washington Street		Amount of Each Disbursement this Period 981.35 <input type="checkbox"/> Memo Item
City Alexandria	State VA Zip Code 22314	
Purpose of Disbursement Consultant - Fundraiser	Category/Type 001	Transaction ID : SB17.20817
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period <input type="checkbox"/> Memo Item
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period <input type="checkbox"/> Memo Item
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	981.35
TOTAL This Period (last page this line number only).....	25803.35

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 22	
	<input type="checkbox"/> 17 20a	<input checked="" type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE			Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2016	
Mailing Address 320 FIRST STREET SE			Amount of Each Disbursement this Period 50000.00	
City WASHINGTON	State DC	Zip Code 20003	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Dues		Category/ Type 001		
Candidate Name			Transaction ID : SB18.20798	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) B.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			Amount of Each Disbursement this Period	
City	State	Zip Code	Memo Item <input type="checkbox"/>	
Purpose of Disbursement		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) C.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			Amount of Each Disbursement this Period	
City	State	Zip Code	Memo Item <input type="checkbox"/>	
Purpose of Disbursement		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

SUBTOTAL of Disbursements This Page (optional)	50000.00
TOTAL This Period (last page this line number only)	50000.00

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
PALAZZO FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Innovative Advertising LLC		Nature of Debt (Purpose): Consultant-Media
Mailing Address 4250 Highway 22 Suite 7		
City State	Zip Code	
Mandeville	LA 70471	

Outstanding Balance Beginning This Period	Transaction ID : SD10.17541	
5000.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	2500.00

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

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

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

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

1) SUBTOTALS This Period This Page (optional)	2500.00
2) TOTALS This Period (last page this line number only)	2500.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	2500.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`ZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : SD10.17541

(Current loan amount of 2500.00 from a balance of 5000.00 has been forgiven) Notification from the vendor that we were overcharged resulting in a credit.

Form/Schedule:

Transaction ID: