CANDIDATE'S REPORT

(to be filed by a candidate or his principal campaign committee)

1. Qualifying Name and Address of Candidate

Cynthia Robertson
625 Sophia Lane
Shreveport LA 71115

2. Office Sought (include title of office as well as parish, city, town and/or election district)

City Council
Caddo
District D

OFFICE USE ONLY

9/06
Supp
3/5

10003019

3. Date of Primary 09/30/2006

This report covers from 12/31/2008 **thru** 12/31/2009

4. Type of Report

___ 180th day prior to primary
___ 90th day prior to primary
___ 30th day prior to primary
___ 10th day prior to primary
___ 10th day prior to general
___ 40th day after general
___ Annual (future election)
X Supplemental (past election)
___ Amendment to prior report

5. FINAL REPORT if:

___ Withdrawn
___ Unopposed
___ Filed after the election AND all loans and debts paid

2010 MAR -9 AM
CAMPAIGN FINANCE
RECEIVED

6. Name and Address of Financial Institution (You are required by law to use one or more banks or savings and loan associations as the depository of all campaign funds.)

Please see attached sheets

7. Full Name and Address of Treasurer

Please see attached sheets

8. FOR PRINCIPAL CAMPAIGN COMMITTEES ONLY

a. Name and address of principal campaign committee

b. Name and address of committee's chairperson

c. Name and address of all subsidiary committees, if any

a. Name of person preparing report

b. Daytime telephone

Please see attached sheets

10. WE HEREBY CERTIFY that the information contained in this report and the attached schedules is true and correct to the best of our knowledge, information and belief, and that no expenditures have been made nor contributions received that have not been reported, and that no information required to be reported by the Campaign Finance Disclosure Act has been deliberately omitted.

Dated 03/05/2010

Cynthia N Robertson
Signature of candidate/Chairperson
(to be signed by the person only if report by principal campaign committee)

318-798-9185
Daytime Telephone

Cynthia N Robertson
Signature of Treasurer

318-798-9185
Daytime Telephone

Form 102, REV. 3/98, PAGE REV. 3/98

Please see attached sheets

Affiliated Persons / Organizations

2 / 4

Name and Address of Capital Club P.O. Box [illegible] New Orleans LA [illegible] Chairperson:	Candidate (Incumbent) Office Sought (include title of office as well as parish, city, town and/or election district) Name of Political Party: ☐ SUPPORTED ☐ OPPOSED by the Committee
Daytime Telephone (Preparer):	List of Affiliated Organizations:

SUMMARY PAGE

RECEIPTS	This Period
1. Contributions (Schedule A-1)	0.00
2. In-kind contributions (Schedule A-2)	0.00
3. Campaign paraphernalia sales of $25 or less	0.00
4. **TOTAL CONTRIBUTIONS** (Lines 1 + 2 + 3)	0.00
5. Other Receipts (Schedule A-3)	0.00
6. Loans Received (Schedule B)	0.00
7. Loan Repayments Received (Schedule D)	0.00
8. **TOTAL RECEIPTS** (Lines 4 + 5 + 6 + 7)	0.00

DISBURSEMENTS	This Period
9. Expenditures (Schedule E-1)	[illegible]
10. Other Disbursements (Schedule E-2)	[illegible]
11. Loan Repayments Made (Schedule D)	[illegible]
12. Funds Loaned (Schedule D)	[illegible]
13. **TOTAL DISBURSEMENTS** (Lines 9 + 10 + 11 + 12)	[illegible]

FINANCIAL SUMMARY	Amount
14. Funds on hand at beginning of reporting period (must equal funds on hand at close from last report or [illegible] for this election)	[illegible]
15. Plus total receipts this period (Line 8 above)	+ [illegible]
16. Less total disbursements this period (Line 13 above)	- [illegible]
17. Less in-kind contributions (Line 2 above)	- [illegible]
18. Funds on hand at close of reporting period	[illegible]