COMMITTEE'S REPORT

(filed by committees that support or oppose one or more candidates and/or propositions and that are not candidate committees)

1. Full Name and Address of Political Committee

Citizens for Accessible Healthcare PAC
2901 Lloyds Avenue
Chalmette, LA 70043

OFFICE USE ONLY
11/10
40-g prop
12/13

10007936

2. Date of Primary November 2, 2010

This report covers from 11/01/10 through 12/13/10

3. Type of Report:

____ 180th day prior to primary
____ 90th day prior to primary
____ 60th day prior to primary
____ 10th day prior to primary
____ 10th day prior to general
X 40th day after general
____ Annual
____ Monthly
____ Amendment to prior report

4. All Committee Officers (including Chairperson, Treasurer, if any, and any other committee officers)

a. Name	b. Position	c. Address
Michael Montgomery	Chairperson	2901 Lloyds Avenue, Chalmette, LA 70043
Chris San Marco	Treasurer	804 Terry Drive, Arabi, LA 70032
Mary San Marco	Secretary	804 Terry Drive, Arabi, LA 70032

5. Candidates or Propositions the Committee is Supporting or Opposing (use additional sheets if necessary)

a. Name & Address of Candidate/Description of Proposition	b. Office Sought	c. Political Party	d. Support/Oppose
St. Bernard Parish HSD Village Tax Proposition			Support

6. Is the Committee supporting the entire slate of a political party? ____ Yes X No If "yes", which party?

7. a. Name of Person Preparing Report Brian D. Grubb

b. Daytime Telephone 504-561-1044

8. 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 herein, and that no information required to be reported by the Louisiana Campaign Finance Disclosure Act has been deliberately omitted.

This 13th day of December, 2010

Signature of Committee Chairperson — 504-616-6491 Daytime Telephone

Chris San Marco
Signature of Committee Treasurer, if any — 504-289-0200 Daytime Telephone

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SUMMARY PAGE

RECEIPTS	This Period
1. Contributions Received (Schedule A-1)	$4,800.00
2. In-kind Contributions Received (Schedule A-2)	$00.00
3. Campaign paraphernalia sales of $25 or less	
4. TOTAL CONTRIBUTIONS (Lines 1 + 2 + 3)	$5,400.00
5. Other Receipts (Schedule A-3)	
6. Loans Received (Schedule B)	
7. Loan Repayments Received (Schedule D)	
8. TOTAL RECEIPTS (Lines 4 + 5 + 6 + 7)	$5,400.00

DISBURSEMENTS	This Period
9. General Expenditures (Schedule E-1)	$4,500.00
10. In-Kind Expenditures (Schedule E-2)	
11. Contributions made to Candidates (Schedule E-3)	
12. TOTAL EXPENDITURES (Lines 9 + 10 + 11)	$4,500.00
13. Other Disbursements (Schedule E-4)	
14. Loan Repayments Made (Schedule B)	
15. Funds Loaned (Schedule D)	
16. TOTAL DISBURSEMENTS (Lines 12 + 13 + 14 + 15)	$4,500.00

FINANCIAL SUMMARY	Amount
17. Funds on hand at beginning of reporting period (Must equal funds on hand at close from last report or -0- if first report for this committee)	$4,500.00
18. Plus total receipts this period (less in-kind contributions received) (Line 8 above minus line 2 above)	
19. Less total disbursements this period (less in-kind expenditures) (Line 16 above minus line 10 above)	$4,500.00
20. Funds on hand at close of reporting period	$ 0.00

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SCHEDULE A-1: CONTRIBUTIONS RECEIVED (other than In-Kind Contributions)

The following information must be provided for all contributions received by the committee during this reporting period, except for in-kind contributions, whether received from a political committee or some other person or entity. Contributions made by the committee are reported on SCHEDULE B-3: CONTRIBUTIONS MADE TO CANDIDATES. Information on in-kind contributions is reported on SCHEDULE A-2: IN-KIND CONTRIBUTIONS. In Column 1, check "yes" if the contributor is a political committee and "no" if not. For anonymous contributions, see SCHEDULE F. Totals and subtotals at bottom of the page are optional. Completion of totals and subtotals may assist in calculating totals that must be reported on the Summary Page.

1. Name and Address of Contributor	2. Contributions this Reporting Period a. Date(s)	b. Amount(s)	3. Total this Year
I. William Stealer 300 Lafayette St., Suite 200 New Orleans, LA 70130 POLITICAL COMMITTEE? ____ YES X NO	10/27/10	$1,000.00	$1,000.00
Hammer Company Healthcare Strategy Planning LLC - 18000 W. Sarah Lane Suite 250, Brookfield, WI 53045 POLITICAL COMMITTEE? ____ YES X NO	10/27/10	$3,500.00	$3,500.00
POLITICAL COMMITTEE? ____ YES ____ NO			
POLITICAL COMMITTEE? ____ YES ____ NO			
POLITICAL COMMITTEE? ____ YES ____ NO			
POLITICAL COMMITTEE? ____ YES ____ NO			
POLITICAL COMMITTEE? ____ YES ____ NO			
4. SUBTOTAL (this page)			$4,500.00
5. TOTAL (complete only on last page of this schedule)			$4,500.00

6. CONTRIBUTIONS FROM POLITICAL COMMITTEES ONLY:

SUBTOTAL (this page) _____ TOTAL (complete only on last page of this schedule) _____

Reported: Rev. MIR, Reporting Unit

SCHEDULE A-2: IN-KIND CONTRIBUTIONS RECEIVED

The following information must be provided for all in-kind contributions received by the committee during this reporting period. In-kind contributions made by the committee (i.e. in-kind expenditures) are reported on SCHEDULE E-2: IN-KIND EXPENDITURES. In Column 1, check "yes" if the in-kind contributor is a political committee and "no" if not. For anonymous contributions see SCHEDULE F. Totals and subtotals at bottom of the page are optional. Completion of totals and subtotals may assist in calculating totals that must be reported on the Summary Page.

1. Name and Address of In-Kind Contributor	2. In-Kind Contributions Received this Reporting Period a. Description(s)	b. Date(s)	c. Value(s)	3. Total this Year
Jack M. Stoller 909 Poydras St., Suite 2600 New Orleans, LA 70112 POLITICAL COMMITTEE? ____ YES X NO	legal assistance	Nov. 2010	$450.00	$450.00
Brian D. Crubb 909 Poydras St., Suite 2600 New Orleans, LA 70112 POLITICAL COMMITTEE? ____ YES X NO	legal assistance	Nov. 2010	$450.00	$450.00
POLITICAL COMMITTEE? ____ YES ____ NO				
POLITICAL COMMITTEE? ____ YES ____ NO				
POLITICAL COMMITTEE? ____ YES ____ NO				
POLITICAL COMMITTEE? ____ YES ____ NO				
POLITICAL COMMITTEE? ____ YES ____ NO				
4. SUBTOTAL (this page)				$900.00
5. TOTAL (complete only on last page of this schedule)				$900.00

6. IN-KIND CONTRIBUTIONS FROM POLITICAL COMMITTEES:
SUBTOTAL (this page) _____ TOTAL (complete only on last page of this schedule) _____

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SCHEDULE E-1: GENERAL EXPENDITURES

Use this schedule to report information on most committee expenditures, during this reporting period. If the expenditure directly benefited a particular candidate(s), list the candidate(s) name under item 1. However, (1) in-kind expenditures, and (2) expenditures to candidates or their committees should be reported on SCHEDULES E-2 and E-3, respectively, and should not be reported on this schedule. An "expenditure" is any payment made for the purpose of supporting or opposing the election of a candidate for public office or supporting or opposing a proposition or question submitted to the voters. Expenditures include monies spent for the committee's general operating expenses. Any payments made that are not "expenditures" should be reported on SCHEDULE E-4: OTHER DISBURSEMENTS. Totals and subtotals at bottom of page are optional but will assist in completing the Summary Page.

1. Name and Address of Recipient	2. Expenditures this Reporting Period a. Date(s)	b. Purpose(s)	c. Amount(s)
Inkwell Printing 1105 W. Judge Perez Dr. Chalmette, LA 70043 Candidate Beneficiaries:	10-27-10	Printing	$796.79
Inkwell Printing 1105 W. Judge Perez Dr. Chalmette, LA 70043 Candidate Beneficiaries:	10-27-10	Printing	$1335.25
St. Bernard News 3010 Lanset Street Metairie, LA 70001 Candidate Beneficiaries:	10-27-10	Newspaper Ad	$1,970.55
Campaign Finance State of Louisiana-LA BOE P.O. Box 4368, B.R. LA 70821 Candidate Beneficiaries:	10-27-10	Certificate of Reg. Filing Fee	$100.00
J. William Eiseler 300 Lafayette St., Suite 200 New Orleans, LA 70130 Candidate Beneficiaries:	12-13-10	refund of contributions	$148.98
Hawkes Company Healthcare Strategy Planning, LLC -18000 W. Sarah Lane Suite 260, Brookfield, WI 53045 Candidate Beneficiaries:	12-13-10	refund of contributions	$148.43
Candidate Beneficiaries:			
3. SUBTOTAL (optional)			
4. TOTAL (optional) - complete only on last page of this schedule)			$4,500.00

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