CANDIDATE'S REPORT

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

1. Qualifying Name and Address of Candidate

Douglas Sapp
2362 Martin Luther King Jr. Drive
Ruston, La. 71245

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

State Representative
Lincoln / Ruston
11

OFFICE USE ONLY

10/99

Supp

010194

3. Date of Primary 10/23/1999

This report covers from _____ through _____

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)
____ Supplemental (post election)
____ Amendment to prior report

5. FINAL REPORT if:

____ Withdrawn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

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

7. Full Name and Address of Treasurer

Carlyle Sapp Roberson
2060 Martin Luther King Jr. Drive
Ruston, La. 71245

Amendment

9. Name of Person Preparing Report Douglas R. Sapp

Daytime Telephone 318-247-7277

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

This 1st day of March 2001

Douglas Sapp
Signature of Candidate/Chairperson
(To be signed by Chairperson only if report by principal campaign committee)

318-247-7277
Daytime Telephone

Amendment(s) Attached

Carlyle Sapp Roberson
Signature of Treasurer

318-247-8500
Daytime Telephone

8. FOR PRINCIPAL CAMPAIGN COMMITTEES ONLY
a. Name and address of principal campaign committee, committee's chairperson, and subsidiary committees, if any (use additional sheets if necessary).

2001 MAR -5 PM 3:

AMENDMENT

Form 102, Rev. 1/96, Page Rev. 3/00

LA 1920

0101946

State of Louisiana

Supp 10/99 3/28

FORM 103. CANDIDATE'S SPECIAL REPORT

Candidate: Douglas Sapp

Date filed:

This report was electronically filed. Go to electronically filed reports to view.

Schedules

- Contributions (Including In-Kind Contributions) [normal] [spreadsheet]
- Loans Received [normal] [spreadsheet]
- Expenditures to Those Who Make Endorsements [normal] [spreadsheet]

CANDIDATE'S SPECIAL REPORT	
1. Qualifying Name and Address of Candidate **Douglas Sapp** P.O. BOX 326 ARCADIA, Louisiana 71001	2. Office Sought (including title of office as well as parish, city, town and/or election district) State Representative 11
3. Name and Address of Principal Campaign Committee (Applicable only if candidate has a principal campaign committee)	
4. Date of Election Primary General (Check one)	
5. Name of Person Preparing Report: Daytime Telephone:	
6. I DO 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 information required to be reported by the Louisiana Campaign Finance Disclosure Act has been deliberately omitted. This day of . . Signature of Candidate/Chairperson — Daytime Telephone Number Signature of Treasurer, if any — Daytime Telephone Number	

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

The following information must be provided for all contributors to your campaign during this reporting period, except for in-kind contributions. Information on in-kind contributions is reported on SCHEDULE A-2: IN-KIND CONTRIBUTIONS. In Column 1, check if the contributor is a political committee or a party committee. Any personal funds a candidate contributes to his campaign must be reported on this schedule. Personal funds a candidate *loans* to his campaign should be reported on Schedule B. For anonymous contributions, see SCHEDULE F. Totals and subtotals 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 Election
Douglas A. Sapp P.O. Box 326 Arcadia, IN 46001 POLITICAL COMMITTEE? _____ PARTY COMMITTEE? _____	2/14/2001	9,686.67	
POLITICAL COMMITTEE? _____ PARTY COMMITTEE? _____			
POLITICAL COMMITTEE? _____ PARTY COMMITTEE? _____			
POLITICAL COMMITTEE? _____ PARTY COMMITTEE? _____			
POLITICAL COMMITTEE? _____ PARTY COMMITTEE? _____			
POLITICAL COMMITTEE? _____ PARTY COMMITTEE? _____			
POLITICAL COMMITTEE? _____ PARTY COMMITTEE? _____			
4. SUBTOTAL (this page)			N/A
5. TOTAL (complete only on last page of this schedule)		9,686.67	N/A

6. CONTRIBUTIONS FROM POLITICAL COMMITTEES: SUBTOTAL (this page) N/A TOTAL (complete only on last page of this schedule) N/A

Form 102, Rev. 3/98, Page Rev. 3/98

Page ____ of ____ pages. AMENDMENT

SCHEDULE B: LOANS RECEIVED

The following information must be provided for each loan or line of credit received this reporting period, even if it has been repaid. Also, complete this schedule for loans received in prior periods that are still outstanding. Separate loans must be reported separately, even if from the same source. Any personal funds a candidate loans to his campaign must be reported on this schedule.

1. Name and address of lender

Douglas R. Sapp
P.O. Box 326
Arcadia, Mo. 71001

2. a. Date* 02/14/01 b. Interest rate _____ %(a.p.r.)

c. Amount borrowed* ..... $ 9686.67

d. Balance due ..... $ _____

*For lines of credit, give the date the line of credit was first committed at Item 2a and list only the amount actually drawn at Item 2c.
OPTIONAL: Total amount of credit available $ _____

3. Endorsers/Guarantors

Douglas R. Sapp
P.O. Box 326
Arcadia, Mo. 71001

(Enter the full name and address of each person or entity that has endorsed, guaranteed or otherwise secured the loan or line of credit. Also, state the amount of liability for each endorser or guarantor.)

4. Repayments this period

Date	Principal	Interest
02/14/01	$8,000.00	$1686.67

(List payments of principal and interest separately. If separate amounts are not known, list all payments under principal.)

1. Name and address of lender

2. a. Date* _____ b. Interest rate _____ %(a.p.r.)

c. Amount borrowed* ..... $ _____

d. Balance due ..... $ _____

*For lines of credit, give the date the line of credit was first committed at Item 2a and list only the amount actually drawn at Item 2c.
OPTIONAL: Total amount of credit available $ _____

3. Endorsers/Guarantors

(Enter the full name and address of each person or entity that has endorsed, guaranteed or otherwise secured the loan or line of credit. Also, state the amount of liability for each endorser or guarantor.)

4. Repayments this period

Date	Principal	Interest

(List payments of principal and interest separately. If separate amounts are not known, list all payments under principal.)

Form 102, Rev. 3/98. Page Rev. 3/98.

 AMENDMENT