CANDIDATE'S REPORT

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

1. Qualifying Name and Address of Candidate
SAMUEL H. THERIOT
404 S. LOUISIANA STREET

ABBEVILLE LA 70510

2. Office Sought (include title of office as well as parish, city, town and/or election district)
CLERK OF COURT
VERMILION / ABBEVILLE, LA
VERMILION

OFFICE USE ONLY

Supp 10/99
1/13

0000115

3. Date of Primary 10/13/1999

This report covers from 12/20/1999 thru 12/31/1999

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___ Withdrawn ___ Filed after the election AND all loans and debts paid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

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 (use additional sheets if necessary)

Please see attached sheets

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

Dated 01/12/2000.

SAMUEL H. THERIOT — 337/893-0844
Signature of Candidate/Chairperson — Daytime Telephone
(To be signed by Chairperson only if report by principal campaign committee)

Signature of Treasurer — Daytime Telephone

Affiliated Persons / Organizations

Name and Address of Financial Institution BANK OF ABBEVILLE P. O. BOX 340 ABBEVILLE LA 70511 Chairperson:	Candidate Information 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):	Rel of Aff. Org. to Comm:
Name and Address of Person Preparing Report Lloyd F. Doré III P. O. Box 727 Abbeville LA 70511 Chairperson:	Candidate Information 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): 318/893-5470	Rel of Aff. Org. to Comm:

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)	0.00
10. Other Disbursements (Schedule E-2)	0.00
11. Loan Repayments Made (Schedule B)	0.00
12. Funds Loaned (Schedule D)	0.00
13. **TOTAL DISBURSEMENTS** (Lines 9 + 10 + 11 + 12)	0.00

FINANCIAL SUMMARY	Amount
14. 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 election)	250.38
15. Plus total receipts this period (Line 8 above)	+ 0.00
16. Less total disbursements this period (Line 13 above)	- 0.00
17. Less in-kind contributions (Line 2 above)	- 0.00
18. Funds on hand at close of reporting period	250.38

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 (PRIMARY RECORD)
SAMUEL H. THERIOT
404 S. LOUISIANA STREET
ABBEVILLE LA 70510

2.
a. Date* 05/12/1999 b. Interest rate 00.00 %(a.p.r)
c. Amount loaned* $ 600.00
d. Balance due $ 600.00

*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 $ 0.00

3. Endorsers/Guarantors Liability (State the amount of Liability for each endorser or guarantor.)

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

Date	Principal	Interest
	0.00	0.00

1. Name and address of Lender (PRIMARY RECORD)
SAMUEL H. THERIOT
404 S. LOUISIANA STREET
ABBEVILLE LA 70510

2.
a. Date* 08/06/1999 b. Interest rate 00.00 %(a.p.r)
c. Amount loaned* $ 5000.00
d. Balance due $ 5000.00

*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 $ 0.00

3. Endorsers/Guarantors Liability (State the amount of Liability for each endorser or guarantor.)

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

Date	Principal	Interest
	0.00	0.00

1. Name and address of Lender (PRIMARY RECORD)
SAMUEL H. THERIOT
404 S. LOUISIANA STREET
ABBEVILLE LA 70510

2.
a. Date* 09/01/1999 b. Interest rate 00.00 %(a.p.r)
c. Amount loaned* $ 2008.58
d. Balance due $ 2008.58

*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 $ 0.00

3. Endorsers/Guarantors Liability (State the amount of Liability for each endorser or guarantor.)

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

Date	Principal	Interest
	0.00	0.00