CANDIDATE'S REPORT

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

1. Qualifying Name and Address of Candidate
DR. PAULETTE (POLLY) THOMAS
3230 METAIRIE CT.

METAIRIE LA 70002-5016

2. Office Sought (include title of office as well as parish, city, town and/or election district)
STATE SENATE
METAIRIE
DISTRICT 9

OFFICE USE ONLY

Supp 10/99
2/15

0202216

3. Date of Primary 10/23/1999

This report covers from 2-6-2001 thru 2-15-2002

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 (past 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___ Withdrawn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 or savings and loan associations as the depository of all campaign funds.)

Please see attached sheets.

7. Full Name and Address of Treasurer

Gay Cunningham
917 Continental St
Ste 70115

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 899-8565 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 2-15-2002

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

Daytime Telephone

Gay Cunningham
Signature of Treasurer

504-899-8565
Daytime Telephone

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Affiliated Persons / Organizations

Name and Address of Financial Institution GREATER NEW ORLEANS HOMESTEAD 4000 VETERANS BLVD METAIRIE LA 70002 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 LA 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): 504-943-6936	Rel of Aff. Org. to Comm:

SUMMARY PAGE

RECEIPTS	This Period
1. Contributions (Schedule A-1)	00. 00
2. In-kind Contributions (Schedule A-2)	00. 00
3. Campaign paraphernalia sales of $25 *or less*	00. 00
4. **TOTAL CONTRIBUTIONS** (Lines 1 + 2 +3)	00. 00
5. Other Receipts (Schedule A-3)	00. 00
6. Loans Received (Schedule B)	00. 00
7. Loan Repayments Received (Schedule D)	00. 00
8. **TOTAL RECEIPTS** (Lines 4 + 5 + 6 + 7)	00. 00

DISBURSEMENTS	This Period
9. Expenditures (Schedule E-1)	00. 00
10. Other Disbursements (Schedule E-2)	74. 97
11. Loan Repayments Made (Schedule B)	00. 00
12. Funds Loaned (Schedule D)	00. 00
13. **TOTAL DISBURSEMENTS** (Lines 9 + 10 + 11 + 12)	74. 97

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)	74. 97
15. *Plus* total receipts this period (Line 8 above)	00. 00
16. *Less* total disbursements this period (Line 13 above) funds moved to School Board Campaign Fund	74. 97
17. *Less* in-kind contributions (Line 2 above)	00. 00
18. Funds on hand at close of reporting period	00. 00

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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
Dr. Paulette Thomas
3230 Metairie Ct
Met. 70002

2. a. Date* 8-27-99 b. Interest rate 00.00 %(a.p.r.)
c. Amount borrowed* $ 1500.00
d. Balance due $ forgiven
*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.)

1. Name and address of lender
Dr. Robert Thomas
3230 Metairie Ct
Met. 70002

2. a. Date* 8-25-99 b. Interest rate 00.00 %(a.p.r.)
c. Amount borrowed* $ 2500.00
d. Balance due $ forgiven
*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.)

SCHEDULE B: LOANS RECEIVED

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1. Name and address of lender

Harry Lee Campaign Fund
Gretna 70054

2. a. Date* 7-14-99 b. Interest rate 0 %(a.p.r.)

c. Amount borrowed* $ 2500.00

d. Balance due $ forgiven

*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.)

1. Name and address of lender

Lamar Rolling Campaign
PO Box 55027
Mt. La

2. a. Date* 6-9-99 b. Interest rate 0 %(a.p.r.)

c. Amount borrowed* $ 2500.00

d. Balance due $ forgiven

*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.)