CANDIDATE'S REPORT

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

1. Qualifying Name and Address of Candidate

CELESTE CHAUDOIR
P.O. BOX 188
NAPOLEONVILLE, LA.
70390

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

CORONER
ASSUMPTION PARISH

OFFICE USE ONLY

Supp 10/01
2/11

0301058

3. Date of Primary OCTOBER 20, 2001

This report covers from DEC. 31, 2001 through DEC. 31, 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 (post 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, savings and loan associations, or money market mutual fund as the depository of all campaign funds.)

HIBERNIA BANK
NAPOLEONVILLE BRANCH
110 FRANKLIN STREET
NAPOLEONVILLE, LA, 70390

7. Full Name and Address of Treasurer

CELESTE CHAUDOIR, MD
P.O. BOX 188
NAPOLEONVILLE, LA.
70390

Missing numbered pages were blank and had no information on them.

9. Name of Person Preparing Report CELESTE CHAUDOIR, M.D.

Daytime Telephone 985-369-6485

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 8th day of FEBRUARY, 2003

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

985-369-6485
Daytime Telephone

Celeste Chaudoir, MD
Signature of Treasurer

985-369-6485
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).

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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)	190.62
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	$190.62

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