CANDIDATE'S AFFIDAVIT IN LIEU OF REPORT

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

Use ONLY if ALL of the following criteria are met: (1) candidate is running for a "major" or "district" office; (2) contributions from one source in excess of $200 have not been received for this election; (3) expenditures in excess of $5,000 have not been made for this election; and (4) an itemized (long) report has not been filed in connection with this election.

THIS AFFIDAVIT MUST BE SWORN BEFORE A NOTARY

Hand deliver or mail to: **CAMPAIGN FINANCE, 2415 Quail Drive, 3rd Floor, Baton Rouge, LA 70808**

1. Full Name and Address of Candidate
DAVID P. LINDSEY
46012 JAMIESON CREEK
FRANKLINTON, LA 70438

2. Office Sought (Include title of office as well as parish, city, town and/or election district.)
SENATE DIST 12

OFFICE USE ONLY
10-G 10/14 10/03

0309731

2003 OCT 15 PM 12:55
ETHICS ADMINISTRATION
CAMPAIGN FINANCE
RECEIVED

3. Date of Primary 10/4/03
This report covers from 9/15/03 through 10/26/03

4. Type of Report:

____ 180th day prior to primary	X 10th day prior to general
____ 90th day prior to primary	____ 40th day after general
____ 30th day prior to primary	____ Annual (future election)
____ 10th day prior to primary	____ Supplemental (past election)

5. FINAL REPORT if: ____ Withdrawn ____ Unopposed

6. a. Name of Person Preparing Report LYNETTE S. LINDSEY

b. Daytime Telephone (985) 839-7274

7. I DO HEREBY CERTIFY, after being duly sworn, that, with respect to the election described above, I (the Committee) have (has) not received contributions form one source in excess of $200 and have (has) not made expenditures totaling in excess of $5,000 in the aggregate from the time of becoming a candidate (initial participation in this election) through the close of the current reporting period.

[signature] (985) 839-7274

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

Daytime Telephone

Sworn to and subscribed before me this _____ day of _____, _____, _____,

at _____ (City) _____ (State)

_____
NOTARY PUBLIC

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).

Form 101, Rev. 10/02