

CANDIDATE'S ELECTION DAY EXPENDITURES

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

This report is required to be filed by all candidates who are required to file campaign finance disclosure reports even if no election day expenditures were made. The report is due not later than 10 days after the primary election, and, again, not later than 10 days after the general election if the candidate participates in the general election. This form is used to report payments by the candidate or his political committee (1) for advertising that is broadcast or published on election day, (2) for the services of election day workers, and (3) to organizations for election day activities in support of the candidate. NOTE: This report is required in addition to all other required reports. Therefore, the expenditures reported on this report must be reported in subsequent "Candidate's Reports" for this election.

Hand deliver or mail to: CAMPAIGN FINANCE, 8401 United Plaza Blvd., Suite 200, Baton Rouge, LA 70808-70179.

1. Full Name and Address of Candidate
 LAMBERT C. BOISSIERE III
 6306 ELYSIAN FIELDS AVE
 SUITE 201
 NEW ORLEANS LA 70122

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

OFFICE USE ONLY
Ede-p 9/24
 0405244

3. Name and address of principal campaign committee
 (Applicable only if candidate has a principal campaign committee)

Please see attached sheets.

LOUISIANA
 ETHICS ADMINISTRATION
 CAMPAIGN FINANCE
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4. Date of Primary Election 09/18/2004
 Date of General Election _____

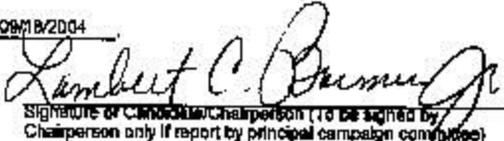
5. Total Expenditures by Category	
a. Television Advertising (Schedule A)	0.00
b. Radio Advertising (Schedule A)	0.00
c. Newspaper Advertising (Schedule A)	0.00
d. Services of Election Day Workers (Schedule B)	1375.00
e. Payments to Organizations for Election Day Activities/Services (Schedule C)	0.00

For any category in which no election day expenditures were made, write -0- next to the category in item 5. Any schedules not required to be completed may be omitted from this report.

6 a. Name of Person Preparing Report _____

6 b. Daytime Telephone _____
Please see attached sheets.

7. 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 election day expenditures have been made that have not been reported herein, and reported by the Louisiana Campaign Finance Disclosure Act.

Dated 09/18/2004

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

5042846888
 Daytime Telephone Number

 Signature of Treasurer

 Daytime Telephone Number

Name and Address of Person Preparing Report
 BRIDGETTE D. JOSEPH
 367 STONEHAVEN DRIVE

 MANDEVILLE LA 70471

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): 9856244011

Rel of Aff. Org. to Comm:

Name and Address of Principal Committee
 LAMBERT BOISSIERE III CAMPAIGN ELECTION COMMI
 5305 ELYSIAN FIELDS AVE
 STE 201
 NEW ORLEANS LA 70122

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:

(This section is currently blank.)

SCHEDULE B: ELECTION DAY WORKERS

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The following information must be provided for each individual to whom an expenditure was made for services performed on election day. Also, the information must be provided for each individual performing services on election day to whom a monetary expenditure was made by an organization to which a payment was made by the candidate completing this report. Such an organization is required by law to furnish this information to the candidate completing this report.

1. Name and Address of Recipient	2. Social Security Number	3. Amount Paid	4. Organization Making Payment (if applicable)
MELVIN ARMOUR 4725 MARJORIE LANE NEW ORLEANS LA	434783744	260.00	
REV BB MALIERE 712 TURTLE CREEK LANE ST. ROSE LA	436663297	900.00	
ALBERT DELANEY 1301 SIMON BOLIVAR NEW ORLEANS LA	434821548	75.00	
FREDDIE DIXON 2306 DANTE NEW ORLEANS LA 70118	438830484	75.00	
WILLIAM MORRIS 843 CAMP STREET NEW ORLEANS LA	248215088	75.00	
TYRONNE SMITH 2412 KINGSPOUR ST NEW ORLEANS LA 70128	434828408	400.00	