CANDIDATE'S REPORT

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

1. Qualifying Name and Address of Candidate
SYLVESTER MUCKELROY
204 W. 11th ST.
NEW ROADS, LA
70760

2. Office Sought (Include title of office as well as parish, city, town and/or election district.) (RETIRED AS OF 12-31-06)
MAYOR
CITY OF NEW ROADS
POINTE COUPEE
PARISH

OFFICE USE ONLY
10/02
Supp
2/15

0701843

3. Date of Primary 10-5-02

This report covers from 1-1-06 through PRESENT

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____ Withdrawn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, savings and loan associations, or money market mutual fund as the depository of all campaign funds.)
REGIONS BANK
P.O. BOX 250
NEW ROADS, LA 70760

7. Full Name and Address of Treasurer

ETHICS ADMINISTRATION
CAMPAIGN FINANCE
RECEIVED
2007 FEB 16 PM 1:18

9. Name of Person Preparing Report LYNETTE H. NELSON

Daytime Telephone 225-638-5360

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 12th day of FEBRUARY 2007.

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

225-638-8430
Daytime Telephone

Signature of Treasurer

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)	
2. In-kind Contributions (Schedule A-2)	
3. Campaign paraphernalia sales of $25 *or less*	
4. **TOTAL CONTRIBUTIONS** (Lines 1 + 2 +3)	
5. Other Receipts (Schedule A-3)	
6. Loans Received (Schedule B)	
7. Loan Repayments Received (Schedule D)	
8. **TOTAL RECEIPTS** (Lines 4 + 5 + 6 + 7)	0.00

DISBURSEMENTS	This Period
9. Expenditures (Schedule E-1)	779.40
10. Other Disbursements (Schedule E-2)	
11. Loan Repayments Made (Schedule B)	
12. Funds Loaned (Schedule D)	
13. **TOTAL DISBURSEMENTS** (Lines 9 + 10 + 11 + 12)	779.40

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)	2724.76
15. *Plus* total receipts this period (Line 8 above)	0.00
16. *Less* total disbursements this period (Line 13 above)	779.40
17. *Less* in-kind contributions (Line 2 above)	0.00
18. Funds on hand at close of reporting period	1945.36

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SCHEDULE E-1: EXPENDITURES

Use this schedule to report information on all campaign expenditures for this reporting period. An "expenditure" is any payment made for the purpose of supporting your election to public office and includes monies spent for the campaign's general operating expenses. Any payments made that are not "expenditures" should be reported on SCHEDULE E-2: OTHER DISBURSEMENTS. Totals and subtotals at bottom of page are *optional*. Completion of totals and subtotals may assist in calculating totals that must be reported on the Summary Page.

1. Name and Address of Recipient	2. Expenditures this Reporting Period a. Date(s)	b. Purpose(s)	c. Amount(s)
TOMMY NELSON P.O. BOX NEW ROADS, LA 70760	8-29-06	DONATION	200.00
CITY OF NEW ROADS P.O. BOX 280 NEW ROADS, LA	9-18-06	DONATION - CONNIE MORRIS HEALTH FAIR.	479.40
CAPITAL AREA UNITED WAY BATON ROUGE, LA	9-1-06	DONATION	100.00
3. SUBTOTAL (optional)			$ 779.40
4. TOTAL (optional - complete only on last page of this schedule)			

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