CANDIDATE'S REPORT

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

1. Qualifying Name and Address of Candidate

SCOTT LEMOINE
9111 INTERLINE AVE STE #1A
BATON ROUGE, LA 70809

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

State Senate
DIST. 14
EAST BATON ROUGE

OFFICE USE ONLY

30-P 10/07
9/27

0705168

3. Date of Primary OCT 20, 2007

This report covers from SEPT 6, 2007 through OCT 20, 2007

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- ✓ Withdrawn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.)

PEOPLES BANK

7. Full Name and Address of Treasurer

N/A

2007 SEP 27 PM 4:38

SCANNED
OCT 03 2007
By: 6m

8. Name of Person Preparing Report SCOTT LEMOINE

Daytime Telephone 225-926-8299

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 27 day of Sept 2007.

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

225-926-8299
Daytime Telephone

Signature of Treasurer

Daytime Telephone

9. 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 102, Rev. 3/99