* Amendment

CANDIDATE'S REPORT

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

* Amendment 1/3

1. Qualifying Name and Address of Candidate

Sam Jones
1501 Sterling Road

Franklin LA 70538-3836

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

State Representative

District 50

OFFICE USE ONLY

801607

3. Date of Primary 10/20/2007

This report covers from 12/17/2007 thru 12/31/2007

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
- X 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- ___ Withdrawn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 or savings and loan associations as the depository of all campaign funds.)

Please see attached sheets.

7. Full Name and Address of Treasurer

Please see attached sheets.

8. FOR PRINCIPAL CAMPAIGN COMMITTEES ONLY

a. Name and address of principal campaign committee

b. Name and address of committee's chairperson

c. Name and address of all subsidiary committees, if any (use additional sheets if necessary)

Please see attached sheets.

9.a. Name of person preparing report

b. Daytime telephone

Please see attached sheets.

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.

Dated June 23, 2008 (* Amendment)

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

(985)397-1196
Daytime Telephone

Sara A. Roberts
Signature of Treasurer

(337)493-3100
Daytime Telephone

AMENDMENT ATTACHED

HAND DELIVERED

AMENDMENT

CANDIDATE'S REPORT

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

1/4

1. Qualifying Name and Address of Candidate
Sam Jones
1581 Sterling Road
Franklin LA 70538-3536

2. Office Sought (include title of office as well as parish, city, town and/or election district)
State Representative
District 50

OFFICE USE ONLY
Supp 10/07
2/14
0801607

3. Date of Primary 10/20/2007

This report covers from 1/18/2007 thru 12/31/2007

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
X 40th day after general
___ Annual (future election)
___ Supplemental (past 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 or savings and loan associations as the depository of all campaign funds.)

Please see attached sheets.

7. Full Name and Address of Treasurer

Please see attached sheets.

8. FOR PRINCIPAL CAMPAIGN COMMITTEES ONLY
a. Name and address of principal campaign committee

b. Name and address of committee's chairperson

c. Name and address of all subsidiary committees, if any (also additional sheets if necessary)

Please see attached sheets.

9.a. Name of person preparing report

b. Daytime telephone

Please see attached sheets.

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.

Dated 2/13/08.

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

[illegible]-1165
Daytime Telephone

Sara A. Roberts
Signature of Treasurer

[illegible]-3100
Daytime Telephone

Affiliated Persons Organizations

2 of 3

Name and Address of Financial Institution Patterson State Bank P.O. Box 427 Patterson LA 70392 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:
Name and Address of Treasurer Sara A. Roberts P.O. Box 1725 Lake Charles LA 70602 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:
Name and Address of Person Preparing Report Sara A. Roberts P.O. Box 1725 Lake Charles LA 70602 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): (337) 493-3100	Rel of Aff. Org. to Comm:

AMENDMENT

Affiliated Persons / Organizations

2/4

Name and Address of Financial Institution Patterson State Bank P. O. Box 427 Patterson LA 70392 Chairperson:	Candidate Information Office Sought (include title of office as well as person, city, town and/or election district) Name of Political Party: ☐ SUPPORTED ☐ OPPOSED by the Committee
Daytime Telephone (Preparer):	Rel of Aff. Org. to Comm:
Name and Address of Treasurer Sara A. Roberts P.O. Box 1725 Lake Charles LA 70602 Chairperson:	Candidate Information Office Sought (include title of office as well as person, city, town and/or election district) Name of Political Party: ☐ SUPPORTED ☐ OPPOSED by the Committee
Daytime Telephone (Preparer):	Rel of Aff. Org. to Comm:
Name and Address of Person Preparing Report Sara A. Roberts P. O. Box 1725 Lake Charles LA 70602 Chairperson:	Candidate Information Office Sought (include title of office as well as person, city, town and/or election district) Name of Political Party: ☐ SUPPORTED ☐ OPPOSED by the Committee
Daytime Telephone (Preparer): (337) 493-2180	Rel of Aff. Org. to Comm:

Amended page **SUMMARY PAGE** Amendment #

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-
10. Other Disbursements (Schedule E-2)	-0-
11. Loan Repayments Made (Schedule B)	-0-
12. Funds Loaned (Schedule D)	-0-
13. **TOTAL DISBURSEMENTS** (Lines 9 + 10 + 11 + 12)	-0-

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)	2710.14
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	2710.14

Amended report #

AMENDMENT

SUMMARY PAGE

5/4

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)	29499.54
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	29499.54

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