

# 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/loans from one source, including those from the candidate, 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**

Mail to: **CAMPAIGN FINANCE, Post Office Box 4388, Baton Rouge, LA 70821**

1. Full Name and Address of Candidate

PHILIP COSTA  
818 CITY PARK AVE.  
NEW ORLEANS, LA  
70115

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

DISTRICT ATTORNEY,  
CRIMINAL DISTRICT  
COURT, (REGULATORY  
TEAM), PARISH  
OF ORLEANS

OFFICE USE ONLY

10/08

30-P  
9/8

11/15/11

3. Date of Primary OCT. 4, 2008

This report covers from 7/11/08 through 8/25/08

4. Type of Report:

180th day prior to primary       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 FINAL REPORT IS:  Withdrawn       Unopposed

6. a. Name of Person Preparing Report PHILIP COSTA

b. Daytime Telephone (504) 581-9322

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 from 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.

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).

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

(504) 581-9322  
Daytime Telephone

Sworn to and subscribed before me this 7<sup>th</sup> day of August 2008

at New Orleans (City) LA (State)

NOTARY PUBLIC

[Signature]  
# 21073



JAY DARDENNE  
SECRETARY OF STATE

Secretary of State  
State of Louisiana

P.O. Box 94125  
BATON ROUGE, LA 70804-9125  
www.sos.louisiana.gov

**NOTICE OF CANDIDATE WITHDRAWAL**

July 21, 2008

Mr. Philip Costa  
829 Baronne St.  
New Orleans, LA 70113

RE: District Attorney, Criminal District Court, (Reg. & Unexp. Term), Parish of Orleans

This will acknowledge receipt of your notarized statement of withdrawal as a candidate for the above office. The items checked below apply to your particular withdrawal:

\_\_\_\_\_ Due to this withdrawal, \_\_\_\_\_ is elected.

Withdrawal was received before absentee and machine ballots were printed. Therefore, your name will not appear on any ballots.

\_\_\_\_\_ Withdrawal was received after absentee ballots were printed but before machine ballots were printed; therefore, your name will appear on absentee, but not on machine ballots. No votes cast for you will be counted.

\_\_\_\_\_ Withdrawal was received after all ballots were printed. Your name will appear on all ballots. No votes cast for you will be counted.

Your withdrawal was received in this office prior to the deadline. [R.S.18:501(B)]. Therefore, 50% of your qualifying fee in the amount of \$90.00 will be forwarded as soon as the funds are obtained from the State Treasurer's office. (This will not include any additional fees assessed by political party committees). The Clerk of Court has retained a processing fee. [R.S.18:464(E)].

\_\_\_\_\_ Your withdrawal was not received in this office prior to the deadline. [R.S.18:501(B)]. Therefore, your qualifying fees are not refundable.

cc: Clerk of Court  
Registrar of Voters  
President, Parish Board of Election Supervisors

Campaign Finance Office  
Accounting (if refund indicated)