# CANDIDATE'S ELECTION DAY EXPENDITURES

(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 70809-7017.**

1. Qualifying Name and Address of Candidate
JOHN F. SCHWEGMANN
3001 DIVISION ST.
#150
METAIRIE, LA 70002

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

OFFICE USE ONLY
Ede-p 10/98
10/15

984407

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

4. Date of Election 10-3-98

Primary X General _____ (Check one)

5. Total Expenditures by Category

a. Television Advertising (Schedule A) Ø

b. Radio Advertising (Schedule A) Ø

c. Newspaper Advertising (Schedule A) Ø

d. Services of Election Day Workers (Schedule B) Ø

e. Payments to Organizations for Election Day Activities/Services (Schedule C) Ø

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. Name of Person Preparing Report
CHRIS SPIMUDO

Daytime Telephone
504-456-0707

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 that no information required to be reported by the the Louisiana Campaign Finance Disclosure Act has been deliberately omitted.

This 15th day of OCTOBER, 19 98.

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

Daytime Telephone Number

Signature of Treasurer

Daytime Telephone Number

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# SCHEDULE A: ADVERTISING

The following information must be provided for each person to whom an expenditure was made for the purchase of television, radio or newspaper advertising broadcast or published on election day. The total amount of such expenditures made to each recipient should be entered under Column 2. The type of advertising purchased should be checked in Column 3.

| 1. Name and Address of Recipient | 2. Amount Paid | 3. Type of Advertising |
|---|---|---|
| | | ____ Television<br>____ Radio<br>____ Newspaper |
| | | ____ Television<br>____ Radio<br>____ Newspaper |
| | | ____ Television<br>____ Radio<br>____ Newspaper |
| | | ____ Television<br>____ Radio<br>____ Newspaper |
| | | ____ Television<br>____ Radio<br>____ Newspaper |
| | | ____ Television<br>____ Radio<br>____ Newspaper |
| | | ____ Television<br>____ Radio<br>____ Newspaper |
| | | ____ Television<br>____ Radio<br>____ Newspaper |



N/A

# SCHEDULE B: ELECTION DAY WORKERS

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) |
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