COMMITTEE'S REPORT

(to be filed by committees that support or oppose more than one candidate and/or proposition)

1. Full Name and Address of Political Committee

Citizens For Bossier Medical Center
2302 Arlington Pl
Bossier City, La. 71111

OFFICE USE ONLY

40-G 5/99 prop

992330

Rec'd 99 May 26 CW

Attach to 992330 as added information - CW

CW

2. Date of Primary May 1, 1999

This report covers from 3-22-99 through ~~May 1~~ April 23, 1999

3. 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
- ✓ Amendment to prior report

4. All Committee Officers (including Chairperson, Treasurer, if any, and any other committee officers)

a. Name	b. Position	c. Address
resigned	Chairperson	
Dr. E.H. McCuller	Treasurer	2302 Arlington Pl. Bossier City, La., 71111

5. Candidates or Propositions the Committee is Supporting or Opposing (use additional sheets if necessary)

a. Name & Address of Candidate/Description of Proposition	b. Office Sought	c. Political Party	d. Support/Oppose
Sale of Bossier Medical Center			

6. Is the Committee supporting the entire ticket of a political party? ___ Yes ___ No If "yes", which party?

7. a. Name of Person Preparing Report

E.H. McCuller M.D.
2302 Arlington Pl.
Bossier City, La., 71111

b. Daytime Telephone 318-746-0187

8. 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 ___ day of ___, ___

Signature of Committee/Chairperson

Daytime Telephone

E.H. McCuller M.D.

Signature of Committee Treasurer, if any

Daytime Telephone

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AMENDMENT

PAC 5/99
40-G prop
6/5

C. H. McCuller, M. D.

Dr. C. H. Mcculler
2302 Arlington Pl.
Bossier City, LA 71111-2423

CHANGED
Date 6-14-99 By tl

992330

6-4-99

To Louisiana Board of Ethics

This is to notify you that the Citizens For Bossier Medical Center Organization has closed shop. I will not be involved in any more PAC's

Inclosed you will find a Copy of the Checks made out to Shreveport - Bossier Rescue Mission which is the amount left in the account.

[redacted]

Sincerely
C. H. McCullers

Deletion by mail 6/8/99

99 JUN 7 P12:42

BOSSIER FEDERAL CREDIT UNION

P.O. BOX 5635
BOSSIER CITY
LOUISIANA 71171
(318) 742-4200

479 5258502

DATE	ACCOUNT NO.	SEQUENCE NO.	NEW BALANCE	TYPE OF CHECK	AMOUNT THIS CHECK
6-04-99	10954	10350	5		
# 5258502		019 - MULTI CHECK DISBURSEMENTS			******700.00
TIME: 13:54 CST		BR: 1 STA: 404 TELLER: 39			

DETACH BEFORE CASHING

THIS DOCUMENT HAS AN ARTIFICIAL WATERMARK PRINTED ON THE BACK. ABSENCE OF THIS FEATURE WILL INDICATE A COPY.

3111

BOSSIER FEDERAL CREDIT UNION

P.O. BOX 5635
BOSSIER CITY
LOUISIANA 71171
(318) 742-4200

3111

NCUA

PAYABLE THRU
OAK VALLEY BANK, N.A.
CHARLESTON, WV

479 5258502

DATE

6-04-99

AMOUNT

******700.00

AMOUNT: SEVEN HUNDRED AND NO/100

PAY TO THE
ORDER OF SHREVEPORT-BOSSIER
RESCUE MISSION
RE: CITIZENS FOR
BOSSIER MEDICAL CENTER

BOSSIER FEDERAL CREDIT UNION

AUTHORIZED SIGNATURE
NOT VALID AFTER 90 DAYS

⑆051900353⑆001479 5258502⑈

Financial Summary

Total Collected		5190.00
Transfered to Savings Account by Bank.	−	50.00
Dividends	+	25.56
Checks	−	4515.56
Checking Account ----		$650.00

No more Checks will be written.
Only deposit will be a small dividend

We will Close out the Checking account
Around June 1, 1999

We will Close out the Saving account also
Around June 1, 1999

The money remaining will be given to Stuart
Bosson Resident Mission

SUMMARY PAGE

RECEIPTS	This Period
1. Contributions Received (Schedule A-1)	100.00
2. In-kind Contributions Received (Schedule A-2)	-0
3. Campaign paraphernalia sales of $25 *or less*	-0-
4. **TOTAL CONTRIBUTIONS** (Lines 1 + 2 +3)	100.00
5. Other Receipts (Schedule A-3)	-0-
6. Loans Received (Schedule B)	-0-
7. Loan Repayments Received (Schedule D)	-0-
8. **TOTAL RECEIPTS** (Lines 4 + 5 + 6 + 7)	100.00

DISBURSEMENTS	This Period
9. General Expenditures (Schedule E-1)	2750.00
10. In-Kind Expenditures (Schedule E-2)	—
11. Contributions made to Candidates (Schedule E-3)	—
12. **TOTAL EXPENDITURES** (Lines 9 + 10 + 11)	—
13. Other Disbursements (Schedule E-4)	—
14. Loan Repayments Made (Schedule B)	—
15. Funds Loaned (Schedule D)	—
16. **TOTAL DISBURSEMENTS** (Lines 12 + 13 + 14 + 15)	2750.00

FINANCIAL SUMMARY	Amount
17. 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 committee)	3,983.78
18. *Plus* total receipts this period (*less* in-kind contributions received) (Line 8 above minus line 2 above)	100.00
19. *Less* total disbursements this period (*less* in-kind expenditures) (Line 16 above minus line 10 above)	2,750.00
20. Funds on hand at close of reporting period	1,333.78

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SCHEDULE A-1: CONTRIBUTIONS RECEIVED (other than In-Kind Contributions)

The following information must be provided for all contributions **received** by the committee during this reporting period, except for in-kind contributions, whether received from a political committee or some other person or entity. Contributions **made** by the committee are reported on SCHEDULE E-3: CONTRIBUTIONS MADE TO CANDIDATES. Information on in-kind contributions is reported on SCHEDULE A-2: IN-KIND CONTRIBUTIONS. In Column 1, check "yes" if the contributor is a political committee and "no" if not. For anonymous contributions, see SCHEDULE F. Totals and subtotals at bottom of the 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 Contributor	2. Contributions this Reporting Period a. Date(s)	b. Amount(s)	3. Total this Year
Frank Viviano 2005 Tanglewood Bossier City, La. 71111 POLITICAL COMMITTEE? _____ YES ____ NO	4-21-99	100.00	5190.00
DR. JM. CHANDLER. 147 Southwood Bossier City, LA 71111 POLITICAL COMMITTEE? _____ YES ____ NO	10-15-98	200.00	Left off original list & Contribution included in above receipts
POLITICAL COMMITTEE? _____ YES _____ NO			
POLITICAL COMMITTEE? _____ YES _____ NO			
POLITICAL COMMITTEE? _____ YES _____ NO			
POLITICAL COMMITTEE? _____ YES _____ NO			
POLITICAL COMMITTEE? _____ YES _____ NO			
4. SUBTOTAL (this page)			N/A
5. TOTAL (complete only on last page of this schedule)			N/A

6. CONTRIBUTIONS FROM POLITICAL COMMITTEES *ONLY*:

SUBTOTAL (this page) _____ TOTAL (complete only on last page of this schedule) _____

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SCHEDULE E-1: GENERAL EXPENDITURES

Use this schedule to report information on most committee expenditures, during this reporting period. If the expenditure directly benefited a particular candidate(s), list the candidate(s)' name under Item 1. **However, (1) In-kind expenditures, and (2) expenditures to candidates or their committees should be reported on SCHEDULES E-2 and E-3, respectively, and should not be reported on this schedule.** An "expenditure" is any payment made for the purpose of supporting or opposing the election of a candidate for public office or supporting or opposing a proposition or question submitted to the voters. Expenditures include monies spent for the committee's general operating expenses. Any payments made that are not "expenditures" should be reported on SCHEDULE E-4: OTHER DISBURSEMENTS. Totals and subtotals at bottom of page are *optional* but will assist in completing the Summary Page.

1. Name and Address of Recipient	2. Expenditures this Reporting Period a. Date(s)	b. Purpose(s)	c. Amount(s)
Shreveport Times Shreveport, La. Candidate Beneficiaries:	4-21-99	Ad for Paper	2750.00
Justin Hopper Candidate Beneficiaries:	4-25-99	Distributing Flyers	20.60
Jeremy Eudel Candidate Beneficiaries:	4-27-99	Distributing Flyers	30.90
Justin Hopper Candidate Beneficiaries:	4-27-99	Distributing Flyers.	10.30
Treasurer of the State of Louisiana Candidate Beneficiaries:	5-18-99		520.00
Candidate Beneficiaries:			
Candidate Beneficiaries:			
3. SUBTOTAL (optional)			
4. TOTAL (optional - complete only on last page of this schedule)			

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