CANDIDATE'S REPORT

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

1. Qualifying Name and Address of Candidate
MAILING ADDRESS
JOSEPH L. GALLODORO
P.O. BOX 1513
MERAUX, LA 70075
(2200 VALMAR DR
MERAUX, LA 70075)

2. Office Sought (include title of office as well as parish, city, town and/or election district.
COUNCILMAN - DIST. D
PARISH OF ST. BERNARD

OFFICE USE ONLY
30-P 10/99
RTF
9/23
933320

3. Date of Primary OCT. 23, 1999
This report covers from JAN 1, 1999 through SEPT. 23, 1999

4. Type of Report:

____180th day prior to primary
____90th day prior to primary
X 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.)
GULF COAST BANK
1615 E. JUDGE PEREZ DR
CHALMETTE, LA 70043

7. Full Name and Address of Treasurer
JOSEPH L. GALLODORO
P.O. BOX 1513
2200 VALMAR DR.
MERAUX, LA 70075

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).

9. Name of Person Preparing Report ROSS B. GONZALES, CPA
Daytime Telephone 504-877-5228

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 23 day of SEPTEMBER 1999

Joseph L. Gallodoro — 504-271-4011
Signature of Candidate/Chairperson (To be signed by Chairperson only if report by principal campaign committee) — Daytime Telephone

Joseph L. Gallodoro — 504-271-4011
Signature of Treasurer — Daytime Telephone

99 SEP 23 P 3:09
ETHICS ADMINISTRATION

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SUMMARY PAGE

RECEIPTS	This Period
1. Contributions (Schedule A-1)	
2. In-kind Contributions (Schedule A-2)	
3. Campaign paraphernalia sales of $25 *or less*	
4. **TOTAL CONTRIBUTIONS** (Lines 1 + 2 +3)	
5. Other Receipts (Schedule A-3)	
6. Loans Received (Schedule B)	2,000.00
7. Loan Repayments Received (Schedule D)	
8. **TOTAL RECEIPTS** (Lines 4 + 5 + 6 + 7)	2,000.00

DISBURSEMENTS	This Period
9. Expenditures (Schedule E-1)	
10. Other Disbursements (Schedule E-2)	
11. Loan Repayments Made (Schedule B)	
12. Funds Loaned (Schedule D)	
13. **TOTAL DISBURSEMENTS** (Lines 9 + 10 + 11 + 12)	

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)	0
15. *Plus* total receipts this period (Line 8 above)	2,000.00
16. *Less* total disbursements this period (Line 13 above)	
17. *Less* in-kind contributions (Line 2 above)	
18. Funds on hand at close of reporting period	2,000.00

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SCHEDULE B: LOANS RECEIVED

The following information must be provided for each loan or line of credit received this reporting period, even if it has been repaid. Also, complete this schedule for loans received in prior periods that are still outstanding. Separate loans must be reported separately, even if from the same source. Any personal funds a candidate loans to his campaign must be reported on this schedule.

1. Name and address of lender

JOSEPH L. GALLODORO
P.O. BOX 1513
2200 VALMAR DR
MERAUX, LA. 70075

2. a. Date* 9-10-99 b. Interest rate 0 %(a.p.r.)

c. Amount borrowed* $ 2,000.00

d. Balance due $ 2,000.00

*For lines of credit, give the date the line of credit was first committed at Item 2a and list only the amount actually drawn at Item 2c.
OPTIONAL: Total amount of credit available $_____

3. Endorsers/Guarantors

NONE

(Enter the full name and address of each person or entity that has endorsed, guaranteed or otherwise secured the loan or line of credit. Also, state the amount of liability for each endorser or guarantor.)

4. Repayments this period

Date	Principal	Interest
	0	0

(List payments of principal and interest separately. If separate amounts are not known, list all payments under principal.

1. Name and address of lender

2. a. Date*_____ b. Interest rate _____%(a.p.r.)

c. Amount borrowed* $_____

d. Balance due $_____

*For lines of credit, give the date the line of credit was first committed at Item 2a and list only the amount actually drawn at Item 2c.
OPTIONAL: Total amount of credit available $_____

3. Endorsers/Guarantors

4. Repayments this period

Date	Principal	Interest

(Enter the full name and address of each person or entity that has endorsed, guaranteed or otherwise secured the loan or line of credit. Also, state the amount of liability for each endorser or guarantor.)

(List payments of principal and interest separately. If separate amounts are not known, list all payments under principal.

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