CANDIDATE'S REPORT

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

1. Qualifying Name and Address of Candidate

Jim Marsalis
616 St. John Rd.
Athens, La. 71003

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

Claiborne Parish
Police Jury
Dist. #3

OFFICE USE ONLY

10-6 10/99
11/02

098170

3. Date of Primary Oct. 23, 1999

This report covers from Oct. 3 through Oct. 23, 1999

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
____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.)

Hibernia Bank
Homer, La.

7. Full Name and Address of Treasurer

Jim Marsalis
616 St. John Rd
Athens, La. 71003

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 Jim Marsalis

Daytime Telephone 318-258-5383

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 1st day of Nov. 1999.

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

318-253-5383
Daytime Telephone

Jim Marsalis
Signature of Treasurer

318-258-5383
Daytime Telephone

Form 102, Rev. 1/98, Page Rev. 1/96

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

Jim & Genie Marshall
616 St. John Rd.
Athens, La. 71003

2. a. Date* 9/14/99 b. Interest rate 0 %(a.p.r.)

c. Amount borrowed* $ 851.45

d. Balance due $ 0

*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

(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
loan forgiven by Jim + Genie Marshall		

(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

(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

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

Form 102, Rev. 1/96 Page Rev. 4/94.