

CANDIDATE'S REPORT

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

1. Qualifying Name and Address of Candidate

SCOTT SIMON
P O Box 1297
Abita Springs, LA 70420

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

State Representative
St. Tammany
District 74

OFFICE USE ONLY

Report Number: 47589

Date Filed: 2/13/2015

Report Includes Schedules:

Schedule A-1
Schedule B

3. Date of Primary 10/20/2007

This report covers from 1/1/2014 through 12/31/2014

4. Type of Report:

180th day prior to primary 40th day after general
 90th day prior to primary Annual (future election)
 30th day prior to primary Supplemental (past election)
 10th day prior to primary
 10th day prior to general Amendment to prior

5. FINAL REPORT if:

Withdrawn Filed after the election AND all loans and debts paid
 Unopposed

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.)

CAPITAL ONE BANK
218 E Boston Street
Covington, LA 70433

7. Full Name and Address of Treasurer

9. Name of Person Preparing Report **CONNIE SIMON**

Daytime Telephone **985-893-2238**

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 13th day of February, 2015.

Scott M Simon

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

985-630-0036

Daytime Telephone

Connie Simon

Signature of Treasurer

985-630-0125

Daytime Telephone

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).

SUMMARY PAGE

RECEIPTS	This Period
1. Contributions (Schedule A-1)	\$ 16,051.14
2. In-kind Contributions (Schedule A-2)	\$ 0.00
3. Campaign paraphernalia sales of \$25 or less	\$ 0.00
4. TOTAL CONTRIBUTIONS (Lines 1 + 2 +33)	\$ 16,051.14
5. Other Receipts (Schedule A-3)	\$ 0.00
6. Loans Received (Schedule B)	\$ 0.00
7. Loan Repayments Received (Schedule D)	\$ 0.00
8. TOTAL RECEIPTS (Lines 4 + 5 + 6 + 7)	\$ 16,051.14

DISBURSEMENTS	This Period
9. Expenditures (Schedule E-1)	\$ 0.00
10. Other Disbursements (Schedule E-2)	\$ 0.00
11. Loan Repayments Made (Schedule B)	\$ 5,021.48
12. Funds Loaned (Schedule D)	\$ 0.00
13. TOTAL DISBURSEMENTS (Lines 9 + 10 + 11 + 12)	\$ 5,021.48

FINANCIAL SUMMARY	Amount
14. Funds on hand at beginning of reporting period <small>(Must equal funds on hand at close from last report or -0- if first report for this election)</small>	\$ 7,584.23
15. <i>Plus</i> total receipts this period <small>(Line 8 above)</small>	\$ 16,051.14
16. <i>Less</i> total disbursements this period <small>(Line 13 above)</small>	\$ 5,021.48
17. <i>Less</i> in-kind contributions <small>(Line 2 above)</small>	\$ 0.00
18. Funds on hand at close of reporting period	\$ 18,613.89

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SUMMARY PAGE (continued)

INVESTMENTS	Amount
19. Of funds on hand at beginning of reporting period (Line 14, above), amount held in investments (<i>i.e.</i> , savings accounts, CD's, money market funds, etc.)	\$ 0.00
20. Of funds on hand at close of reporting period (Line 18, above), amount held in investments	\$ 0.00

SPECIAL TRANSACTIONS - for the reporting period	Amount
21. Candidate's personal funds (Use of personal funds as either a contribution or loan to the campaign should be reported on Schedules A-1 or B.)	\$ 0.00
22. Contributions received from political committees (From Schedules A-1 and A-2)	\$ 6,051.14
23. All proceeds from the sale of tickets to fundraising events (Receipts from the sale of tickets are contributions and must also be reported on Schedule A-1.)	\$ 0.00
24. Proceeds from the sale of campaign paraphernalia (Receipts from the sale of campaign paraphernalia are contributions and must also be reported on Schedule A-1 or Line 3, above.)	\$ 0.00
25. Expenditures from petty cash fund (Must also be reported on Schedule E-1.)	\$ 0.00

NOTICE

The personal use of campaign funds is prohibited.* The use of campaign funds must be related to a political campaign or the holding of a public office or party position. However, campaign funds may be used to reimburse a candidate for expenses related to his campaign or office, to pay taxes on the interest earned on campaign funds or to replace articles lost, stolen, or damaged in connection with a campaign.

Excess campaign funds may be returned to contributors on a pro rata basis, given as a charitable contribution as provided in 26 USC 170(c), given to a charitable organization as defined in 26 USC 501(c)(3), expended in support of or opposition to a proposition, political party, or candidacy of any person, or maintained in a segregated fund for use in future political campaigns or activity related to preparing for future candidacy to elective office.

*The prohibition on the personal use of campaign funds does not apply to campaign funds received prior to July 15, 1988.

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

The following information must be provided for all contributors to your campaign during this reporting period, except for in-kind contributions. Information on in-kind contributions is reported on SCHEDULE A-2: IN-KIND CONTRIBUTIONS. In Column 1, check if the contributor is a political committee or a party committee. Any personal funds a candidate contributes to his campaign must be reported on this schedule. Personal funds a candidate *loans* to his campaign should be reported on Schedule B. For anonymous contributions, see SCHEDULE F. Totals and subtotals 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		3. Total this Election
	a. Date(s)	b. Amount(s)	
ABC MERIT PAC 101 Riverbend Dr Saint Rose, LA 70087 POLITICAL COMMITTEE? <input checked="" type="checkbox"/> PARTY COMMITTEE? <input type="checkbox"/>	02/03/2014	\$250.00	\$1,000.00
AGRIPAC P O Box 95004 Baton Rouge, LA 70895 POLITICAL COMMITTEE? <input checked="" type="checkbox"/> PARTY COMMITTEE? <input type="checkbox"/>	11/14/2014	\$501.14	\$2,008.14
AMERIHEALTH CARITAS SERVICES LLC 200 Stevens Drive Airport Business Center Philadelphia, PA 19113 POLITICAL COMMITTEE? <input type="checkbox"/> PARTY COMMITTEE? <input type="checkbox"/>	02/18/2014	\$1,000.00	\$1,000.00
AMERICAN TRAFFIC SOLUTIONS INC 7681 East Gray RD Scottsdale, AZ 85260 POLITICAL COMMITTEE? <input type="checkbox"/> PARTY COMMITTEE? <input type="checkbox"/>	11/14/2014	\$250.00	\$250.00
BLUECROSS BLUESHIELD OF LOUISIANA P O Box 98029 Baton Rouge, LA 70898-9029 POLITICAL COMMITTEE? <input type="checkbox"/> PARTY COMMITTEE? <input type="checkbox"/>	02/18/2014	\$500.00	\$500.00
CENTENE MANAGEMENT COMPANY LLC Centene Corporation St Louis, MO 63105 POLITICAL COMMITTEE? <input type="checkbox"/> PARTY COMMITTEE? <input type="checkbox"/>	02/18/2014	\$1,000.00	\$1,750.00
4. SUBTOTAL (this page)		\$3,501.14	N/A
5. TOTAL (complete only on last page of this schedule)			N/A
6. CONTRIBUTIONS FROM POLITICAL COMMITTEES:			
SUBTOTAL (this page)		\$751.14	TOTAL (complete only on last page of this schedule)

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

The following information must be provided for all contributors to your campaign during this reporting period, except for in-kind contributions. Information on in-kind contributions is reported on SCHEDULE A-2: IN-KIND CONTRIBUTIONS. In Column 1, check if the contributor is a political committee or a party committee. Any personal funds a candidate contributes to his campaign must be reported on this schedule. Personal funds a candidate *loans* to his campaign should be reported on Schedule B. For anonymous contributions, see SCHEDULE F. Totals and subtotals 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		3. Total this Election
	a. Date(s)	b. Amount(s)	
COMMUNITY HEALTH SOLUTIONS OF LA INC 1000 118th Avenue North St Petersburg, FL 33716-2332 POLITICAL COMMITTEE? <input type="checkbox"/> PARTY COMMITTEE? <input type="checkbox"/>	02/18/2014	\$1,000.00	\$1,500.00
DELOITTE FEDERAL PAC P O Box 365 Washington, DC 20044-0365 POLITICAL COMMITTEE? <input checked="" type="checkbox"/> PARTY COMMITTEE? <input type="checkbox"/>	03/10/2014	\$250.00	\$250.00
DEPENDABLE NURSING AND FAMILY CARE INC 702 North Carrollton Avenue New Orleans, LA 70119 POLITICAL COMMITTEE? <input type="checkbox"/> PARTY COMMITTEE? <input type="checkbox"/>	02/07/2014	\$500.00	\$500.00
HOSPPAC 9521 Brookline Avenue Baton Rouge, LA 70809 POLITICAL COMMITTEE? <input checked="" type="checkbox"/> PARTY COMMITTEE? <input type="checkbox"/>	02/18/2014	\$1,000.00	\$1,000.00
HUMANA HEALTH BENEFIT PLAN OF LOUISIANA INC 106 East College Ave Suite 650 POLITICAL COMMITTEE? <input type="checkbox"/> PARTY COMMITTEE? <input type="checkbox"/>	02/18/2014	\$1,500.00	\$1,750.00
HOMECARE ASSOCIATION OF LOUISIANA 223-A East Main Street New Iberia, LA 70560 POLITICAL COMMITTEE? <input checked="" type="checkbox"/> PARTY COMMITTEE? <input type="checkbox"/>	02/18/2014	\$500.00	\$500.00
4. SUBTOTAL (this page)		\$4,750.00	N/A
5. TOTAL (complete only on last page of this schedule)			N/A
6. CONTRIBUTIONS FROM POLITICAL COMMITTEES:			
SUBTOTAL (this page)		\$1,750.00	TOTAL (complete only on last page of this schedule)

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

The following information must be provided for all contributors to your campaign during this reporting period, except for in-kind contributions. Information on in-kind contributions is reported on SCHEDULE A-2: IN-KIND CONTRIBUTIONS. In Column 1, check if the contributor is a political committee or a party committee. Any personal funds a candidate contributes to his campaign must be reported on this schedule. Personal funds a candidate *loans* to his campaign should be reported on Schedule B. For anonymous contributions, see SCHEDULE F. Totals and subtotals 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		3. Total this Election
	a. Date(s)	b. Amount(s)	
LAHP PAC 450 Laurel Street Suite 1450 Baton Rouge, LA 70817 POLITICAL COMMITTEE? <input checked="" type="checkbox"/> PARTY COMMITTEE? <input type="checkbox"/>	02/18/2014	\$1,000.00	\$1,500.00
LALA PAC PO Box 1231 Denham Springs, LA 70727 POLITICAL COMMITTEE? <input checked="" type="checkbox"/> PARTY COMMITTEE? <input type="checkbox"/>	02/07/2014	\$500.00	\$1,000.00
LOUISIANA ACADEMY OF MEDICAL PSYCHOLOGISTS PA 10101 Park Rowe Ave Baton Rouge, LA 70810 POLITICAL COMMITTEE? <input checked="" type="checkbox"/> PARTY COMMITTEE? <input type="checkbox"/>	03/10/2014	\$500.00	\$1,750.00
LOUISIANA ASSOC. NURSE PRACTITIONERS PAC 5713 Superior Dr Ste A Baton Rouge, LA 70816 POLITICAL COMMITTEE? <input checked="" type="checkbox"/> PARTY COMMITTEE? <input type="checkbox"/>	03/10/2014	\$300.00	\$1,050.00
LOUISIANA DEALERS ELECTION ACTION COMMITTEE I 7526 Picardy Avenue Baton Rouge, LA 70808 POLITICAL COMMITTEE? <input checked="" type="checkbox"/> PARTY COMMITTEE? <input type="checkbox"/>	02/03/2014	\$250.00	\$2,250.00
LOUISIANA MEDICAL MUTUAL INSURANCE CO One Galleria Blvd Suite 700 Metairie, LA 70001 POLITICAL COMMITTEE? <input type="checkbox"/> PARTY COMMITTEE? <input type="checkbox"/>	03/10/2014	\$250.00	\$500.00
4. SUBTOTAL (this page)		\$2,800.00	N/A
5. TOTAL (complete only on last page of this schedule)			N/A
6. CONTRIBUTIONS FROM POLITICAL COMMITTEES:			
SUBTOTAL (this page)		\$2,550.00	TOTAL (complete only on last page of this schedule)

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

The following information must be provided for all contributors to your campaign during this reporting period, except for in-kind contributions. Information on in-kind contributions is reported on SCHEDULE A-2: IN-KIND CONTRIBUTIONS. In Column 1, check if the contributor is a political committee or a party committee. Any personal funds a candidate contributes to his campaign must be reported on this schedule. Personal funds a candidate *loans* to his campaign should be reported on Schedule B. For anonymous contributions, see SCHEDULE F. Totals and subtotals 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		3. Total this Election
	a. Date(s)	b. Amount(s)	
METRO HOSPITAL COUNCIL PAC 2450 Severn Ave Metairie, LA 70001 POLITICAL COMMITTEE? <input checked="" type="checkbox"/> PARTY COMMITTEE? <input type="checkbox"/>	02/18/2014	\$1,000.00	\$1,000.00
PEDIATRIC EYE CARE CENTER LLC 5220 Flanders Dr Baton Rouge, LA 70808 POLITICAL COMMITTEE? <input type="checkbox"/> PARTY COMMITTEE? <input type="checkbox"/>	02/18/2014	\$500.00	\$500.00
PEOPLE'S HEALTH NETWORK 3838 N Causeway Blvd Suite 2200 Metairie, LA 70002 POLITICAL COMMITTEE? <input type="checkbox"/> PARTY COMMITTEE? <input type="checkbox"/>	02/18/2014	\$500.00	\$500.00
RAI SERVICES INC P O Box 464 Winston-Salem, NC 27102 POLITICAL COMMITTEE? <input type="checkbox"/> PARTY COMMITTEE? <input type="checkbox"/>	11/14/2014	\$500.00	\$500.00
UNITEDHEALTH GROUP P O Box 1459 Minneapolis, MN 55440-1459 POLITICAL COMMITTEE? <input type="checkbox"/> PARTY COMMITTEE? <input type="checkbox"/>	02/03/2014	\$1,000.00	\$1,000.00
VANTAGE HEALTH PLAN INC 130 Desiard St Suite 300 Monroe, LA 71201 POLITICAL COMMITTEE? <input type="checkbox"/> PARTY COMMITTEE? <input type="checkbox"/>	02/01/2014	\$1,000.00	\$1,000.00
4. SUBTOTAL (this page)		\$4,500.00	N/A
5. TOTAL (complete only on last page of this schedule)			N/A
6. CONTRIBUTIONS FROM POLITICAL COMMITTEES:			
SUBTOTAL (this page)		\$1,000.00	TOTAL (complete only on last page of this schedule)

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

The following information must be provided for all contributors to your campaign during this reporting period, except for in-kind contributions. Information on in-kind contributions is reported on SCHEDULE A-2: IN-KIND CONTRIBUTIONS. In Column 1, check if the contributor is a political committee or a party committee. Any personal funds a candidate contributes to his campaign must be reported on this schedule. Personal funds a candidate *loans* to his campaign should be reported on Schedule B. For anonymous contributions, see SCHEDULE F. Totals and subtotals 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		3. Total this Election
	a. Date(s)	b. Amount(s)	
WALGREENS COMPANY 104 Wimot Road MS #1444 Deerfield, IL 60015 POLITICAL COMMITTEE? <input type="checkbox"/> PARTY COMMITTEE? <input type="checkbox"/>	03/10/2014	\$500.00	\$1,750.00
4. SUBTOTAL (this page)		\$500.00	N/A
5. TOTAL (complete only on last page of this schedule)		\$ 16,051.14	N/A
6. CONTRIBUTIONS FROM POLITICAL COMMITTEES:			
SUBTOTAL (this page)		<u>\$0.00</u>	TOTAL (complete only on last page of this schedule) <u>\$ 6,051.14</u>

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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.

<p>1. Name and address of lender SCOTT SIMON P O Box 1297 Abita Springs, LA 70420</p>	<p>2. a. Date* <u>8/28/2007</u> b. Interest rate <u>0.00</u> %(a.p.r.)</p> <p>c. Amount borrowed* \$ <u>23,000.00</u></p> <p>d. Balance due \$ <u>200.00</u></p> <p>*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 \$ _____</p>																											
<p>3. Endorsers/Guarantors</p>	<p>4. Repayments this period</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Date</th> <th style="width: 45%;">Principal</th> <th style="width: 30%;">Interest</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Date	Principal	Interest																								
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<p>(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.)</p>	<p>(List payments of principal and interest separately. If separate amounts are not known, list all payments under principal.)</p>																											
<p>1. Name and address of lender SCOTT SIMON P O Box 1297 Abita Springs, LA 70420</p>	<p>2. a. Date* <u>9/19/2007</u> b. Interest rate <u>0.00</u> %(a.p.r.)</p> <p>c. Amount borrowed* \$ <u>16,000.00</u></p> <p>d. Balance due \$ <u>569.22</u></p> <p>*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 \$ _____</p>																											
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<p>1. Name and address of lender SCOTT SIMON P O Box 1297 Abita Springs, LA 70420</p>	<p>2. a. Date* <u>9/21/2007</u> b. Interest rate <u>0.00</u> %(a.p.r.)</p> <p>c. Amount borrowed* \$ <u>20,000.00</u></p> <p>d. Balance due \$ <u>2,639.24</u></p> <p>*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 \$ _____</p>																											
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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.

<p>1. Name and address of lender SCOTT SIMON P O Box 1297 Abita Springs, LA 70420</p>	<p>2. a. Date* <u>9/28/2007</u> b. Interest rate <u>0.00</u> %(a.p.r.)</p> <p>c. Amount borrowed* \$ <u>8,000.00</u></p> <p>d. Balance due \$ <u>8,000.00</u></p> <p>*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 \$ _____</p>						
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<p>(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.)</p>	<p>(List payments of principal and interest separately. If separate amounts are not known, list all payments under principal.)</p>						
<p>1. Name and address of lender SCOTT SIMON P O Box 1297 Abita Springs, LA 70420</p>	<p>2. a. Date* <u>10/22/2007</u> b. Interest rate <u>7.00</u> %(a.p.r.)</p> <p>c. Amount borrowed* \$ <u>18,000.00</u></p> <p>d. Balance due \$ <u>18,000.00</u></p> <p>*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 \$ _____</p>						
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<p>(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.)</p>	<p>(List payments of principal and interest separately. If separate amounts are not known, list all payments under principal.)</p>						
<p>1. Name and address of lender SCOTT SIMON P O Box 1297 Abita Springs, LA 70420</p>	<p>2. a. Date* <u>10/16/2007</u> b. Interest rate <u>7.00</u> %(a.p.r.)</p> <p>c. Amount borrowed* \$ <u>19,000.00</u></p> <p>d. Balance due \$ <u>19,000.00</u></p> <p>*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 \$ _____</p>						
<p>3. Endorsers/Guarantors</p>	<p>4. Repayments this period</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%; text-align: center;">Date</th> <th style="width: 40%; text-align: center;">Principal</th> <th style="width: 30%; text-align: center;">Interest</th> </tr> </thead> <tbody> <tr> <td style="height: 30px;"> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Date	Principal	Interest			
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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 SCOTT SIMON P O Box 1297 Abita Springs, LA 70420	2. a. Date* <u>10/1/2007</u> b. Interest rate <u>7.00</u> %(a.p.r.) c. Amount borrowed* \$ <u>9,000.00</u> d. Balance due \$ <u>9,000.00</u> *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 \$ _____						
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(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.)						
1. Name and address of lender SCOTT SIMON P O Box 1297 Abita Springs, LA 70420	2. a. Date* <u>11/2/2007</u> b. Interest rate <u>7.00</u> %(a.p.r.) c. Amount borrowed* \$ <u>15,000.00</u> d. Balance due \$ <u>15,000.00</u> *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 \$ _____						
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