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: 48861 Date Filed: 4/23/2015 Report Includes Schedules: Schedule A-1 Schedule B	
3. Date of Primary <u>10/20/2007</u>			
This report covers from <u>1/1/2014</u>	through <u>12/31/2014</u>		
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	X Supplemental (past election)		
10th day prior to primary			
10th day prior to general	X Amendment to prior	_	
5. FINAL REPORT if:			
Withdrawn Filed aft     Unopposed	ter the election AND all loans and debts paid		
<ul> <li>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.)</li> <li>CAPITAL ONE BANK 218 E Boston Street</li> </ul>	7. Full Name and Address of Treasurer		
Covington, LA 70433			
9. Name of Person Preparing Report CONNIE	SIMON		
Daytime Telephone 985-893-2238			
10. WE HEREBY CERTIFY that the information contain schedules is true and correct to the best of our knowled expenditures have been made nor contributions receive and that no information required to be reported by the L Act has been deliberately omitted.	ge, information and belief, and that no ed that have not been reported herein,	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).	
This 23rd day of April	,2015		
Scott M Simon Signature of Candidate/Chairperson (To be signed by Chairperson <i>only</i> if report by principal campaign committee)	985-630-0036 Daytime Telephone		
Connie Simon Signature of Treasurer	985-630-0125 Daytime Telephone		

## 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 <i>or less</i>	\$ 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 (Must equal funds on hand at close from last report or -0- if first report for this election)	\$ 7,765.30
15. <i>Plus</i> total receipts this period (Line 8 above)	\$ 16,051.14
16. <i>Less</i> total disbursements this period (Line 13 above)	\$ 5,021.48
17. <i>Less</i> in-kind contributions (Line 2 above)	\$ 0.00
18. Funds on hand at close of reporting period	\$ 18,794.96

#### **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. Form 102, Rev. Rev. 3/98, Page Rev. 3/00

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 Repo	2. Contributions this Reporting Period	
	a. Date(s)	b. Amount(s)	
ABC MERIT PAC 101 Riverbend Dr Saint Rose, LA 70087	02/03/2014	\$250.00	\$1,000.00
POLITICAL COMMITTEE? PARTY COMMITTEE?			
AGRIPAC P O Box 95004 Baton Rouge, LA 70895	11/14/2014	\$501.14	\$2,008.14
POLITICAL COMMITTEE? PARTY COMMITTEE?			
AMERIHEALTH CARITAS SERVICES LLC 200 Stevens Drive Airport Business Center Philadelphia, PA 19113	02/18/2014	\$1,000.00	\$1,000.00
POLITICAL COMMITTEE? PARTY COMMITTEE?			
AMERICAN TRAFFIC SOLUTIONS INC 7681 East Gray RD Scottsdale, AZ 85260	11/14/2014	\$250.00	\$250.00
POLITICAL COMMITTEE? PARTY COMMITTEE?			
BLUECROSS BLUESHIELD OF LOUISIANA P O Box 98029 Baton Rouge, LA 70898-9029	02/18/2014	\$500.00	\$500.00
POLITICAL COMMITTEE? PARTY COMMITTEE?			
CENTENE MANAGEMENT COMPANY LLC Centene Corporation St Louis, MO 63105	02/18/2014	\$1,000.00	\$1,750.00
POLITICAL COMMITTEE? PARTY COMMITTEE?			
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 o	n last page of this schedule)	

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	putor 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	02/18/2014	\$1,000.00	\$1,500.00
POLITICAL COMMITTEE? PARTY COMMITTEE?			
DELOITTE FEDERAL PAC P O Box 365 Washington, DC 20044-0365	03/10/2014	\$250.00	\$250.00
POLITICAL COMMITTEE? PARTY COMMITTEE?			
DEPENDABLE NURSING AND FAMILY CARE INC 702 North Carrollton Avenue New Orleans, LA 70119	02/07/2014	\$500.00	\$500.00
POLITICAL COMMITTEE? PARTY COMMITTEE?			
HOSPPAC 9521 Brookline Avenue Baton Rouge, LA 70809	02/18/2014	\$1,000.00	\$1,000.00
POLITICAL COMMITTEE? PARTY COMMITTEE?			
HUMANA HEALTH BENEFIT PLAN OF LOUISIANA INC 106 East College Ave Suite 650	02/18/2014	\$1,500.00	\$1,750.00
POLITICAL COMMITTEE? PARTY COMMITTEE?			
HOMECARE ASSOCIATION OF LOUISIANA 223-A East Main Street New Iberia, LA 70560	02/18/2014	\$500.00	\$500.00
POLITICAL COMMITTEE? PARTY COMMITTEE?			
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 or	n last page of this schedule)	

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? X PARTY COMMITTEE?	02/18/2014	\$1,000.00	\$1,500.00
LALA PAC PO Box 1231 Denham Springs, LA 70727	02/07/2014	\$500.00	\$1,000.00
POLITICAL COMMITTEE? PARTY COMMITTEE?			
LOUISIANA ACADEMY OF MEDICAL PSYCHOLOGISTS PA 10101 Park Rowe Ave Baton Rouge, LA 70810	03/10/2014	\$500.00	\$1,750.00
POLITICAL COMMITTEE? PARTY COMMITTEE?			
LOUISIANA ASSOC. NURSE PRACTITIONERS PAC 5713 Superior Dr Ste A Baton Rouge, LA 70816	03/10/2014	\$300.00	\$1,050.00
POLITICAL COMMITTEE? PARTY COMMITTEE?			
LOUISIANA DEALERS ELECTION ACTION COMMITTEE I 7526 Picardy Avenue Baton Rouge, LA 70808	02/03/2014	\$250.00	\$2,250.00
POLITICAL COMMITTEE? X PARTY COMMITTEE?			
LOUISIANA MEDICAL MUTUAL INSURANCE CO One Galleria Blvd Suite 700 Metairie, LA 70001	03/10/2014	\$250.00	\$500.00
POLITICAL COMMITTEE? PARTY COMMITTEE?			
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 or	n last page of this schedule)	

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	me 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	02/18/2014	\$1,000.00	\$1,000.00
POLITICAL COMMITTEE? PARTY COMMITTEE?			
PEDIATRIC EYE CARE CENTER LLC 5220 Flanders Dr Baton Rouge, LA 70808	02/18/2014	\$500.00	\$500.00
POLITICAL COMMITTEE? PARTY COMMITTEE?			
PEOPLE'S HEALTH NETWORK 3838 N Causeway Blvd Suite 2200 Metairie, LA 70002	02/18/2014	\$500.00	\$500.00
POLITICAL COMMITTEE? PARTY COMMITTEE?			
RAI SERVICES INC P O Box 464 Winston-Salem, NC 27102	11/14/2014	\$500.00	\$500.00
POLITICAL COMMITTEE? PARTY COMMITTEE?			
UNITEDHEALTH GROUP P O Box 1459 Minneapolis, MN 55440-1459	02/03/2014	\$1,000.00	\$1,000.00
POLITICAL COMMITTEE? PARTY COMMITTEE?			
VANTAGE HEALTH PLAN INC 130 Desiard St Suite 300 Monroe, LA 71201	02/01/2014	\$1,000.00	\$1,000.00
POLITICAL COMMITTEE? PARTY COMMITTEE?			
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 o	n last page of this schedule)	

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?         PARTY COMMITTEE?	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) \$0.00	TOTAL (complete only or	n last page of this schedule)	\$ 6,051.14

SCHEDULE B	: LOANS REC	EIVED	
The following information must be provided for each loan or line repaid. Also, complete this schedule for loans received in prior reported separately, even if from the same source. Any person reported on this schedule.	periods that are still ou	tstanding. Separate loan	s must be
1. Name and address of lender	2. a. Date* 8/28	b. Interest rate	e <u>0.00</u> %(a.p.r.)
SCOTT SIMON P O Box 1297	c. Amount borrowed	*	\$
Abita Springs, LA 70420	d. Balance due		\$
		the date the line of credit v the amount actually drawn a int of credit available \$	
3. Endorsers/Guarantors	4. Repayments this per Date	iod 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 known, list all payments ur	and interest separately. If sepander principal. )	arate amounts are not
1. Name and address of lender	2. a. Date*9/19	b. Interest rate	e <u>0.00</u> %(a.p.r.)
SCOTT SIMON P O Box 1297	c. Amount borrowed	*	\$ 16,000.00
Abita Springs, LA 70420	d. Balance due\$ 569.22		
	_	the date the line of credit w the amount actually drawn a unt of credit available \$	
3. Endorsers/Guarantors	4. Repayments this per Date	iod Principal	Interest
	2/18/2014	430.78	0.00
(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 known, list all payments ur	and interest separately. If sepander principal. )	arate amounts are not
1. Name and address of lender	2. a. Date* <u>9/21</u>	/2007 b. Interest rate	e <u>0.00</u> %(a.p.r.)
SCOTT SIMON P O Box 1297	c. Amount borrowed	*	\$ 20.000.00
Abita Springs, LA 70420	d. Balance due		
		e the date the line of credit v the amount actually drawn a	
3. Endorsers/Guarantors	4. Repayments this per	•	
o. Engolocio/Ouarantoio	Date	Principal	Interest
	2/10/2014	378.20	0.00
	3/10/2014 6/17/2014	673.89 1600.00	0.00 0.00
	9/24/2014 9/30/2014	222.91 475.00	0.00 0.00
	3/30/2014	4/0.00	0.00

# 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*       9/28/2007       b. Interest rate       0.00 %(a.p.r.)         c. Amount borrowed*       \$       8.000.00         d. Balance due       \$       8.000.00         *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	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.)				
1. Name and address of lender SCOTT SIMON P O Box 1297 Abita Springs, LA 70420	2. a. Date*       10/22/2007       b. Interest rate       7.00 %(a.p.r.)         c. Amount borrowed*       \$       18.000.00         d. Balance due       \$       18.000.00         *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	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.)				
1. Name and address of lender SCOTT SIMON P O Box 1297 Abita Springs, LA 70420	2. a. Date*       10/16/2007       b. Interest rate       7.00 %(a.p.r.)         c. Amount borrowed*       \$       19,000.00         d. Balance due       \$       19,000.00         *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	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.)				

SCHEDL	JLE B:	LOANS	RECEIVED
<b>UUIIED</b>			

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	2. a. Date*10/*	1/2007 b. Interest rat	te <u>7.00</u> %(a.p.r.)		
SCOTT SIMON P O Box 1297	c. Amount borrowed*				
Abita Springs, LA 70420	d. Balance due				
	*For lines of credit, give at Item 2a and list only OPTIONAL: Total amo				
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.)				
1. Name and address of lender	2. a. Date*11/2	2/2007 b. Interest rat	te7.00 %(a.p.r.)		
SCOTT SIMON P O Box 1297	c. Amount borrowed	t	\$ 15.000.00		
Abita Springs, LA 70420	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 \$				
3. Endorsers/Guarantors	4. Repayments this per 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.)				