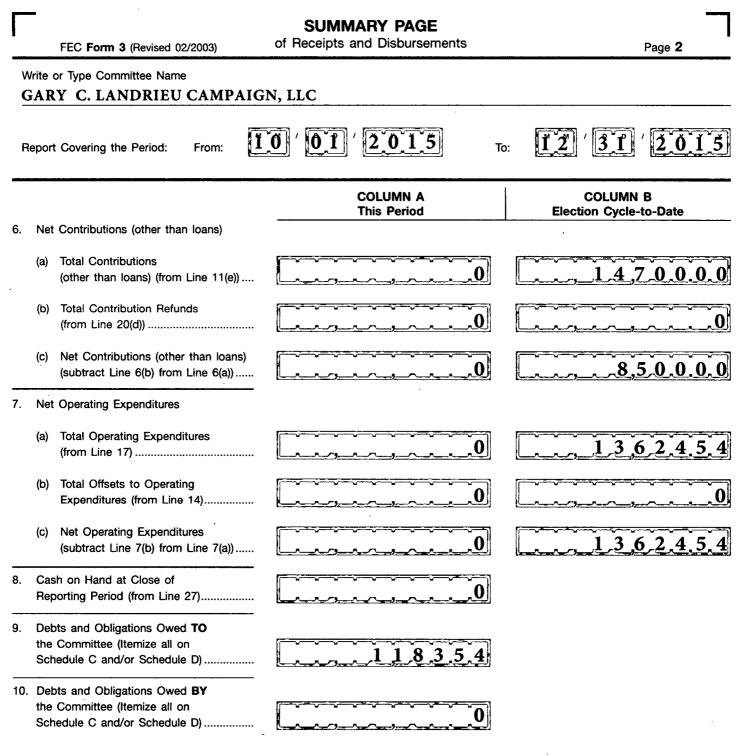
FEC AND DIS	OF RECEIPTS SBURSEMENTS Authorized Committee	RECE FEC MAIL 2016 JAN OFFIC	
1. NAME OF TYPE OR PRIN COMMITTEE (in full)	T ▼ Example: If typing, type over the lines.	<u>12FE4M5</u>	
$\begin{bmatrix} \mathbf{G}_{1}\mathbf{A}_{1}\mathbf{R}_{1}\mathbf{Y}_{1} & \mathbf{C}_{1} & \mathbf{L}_{1}\mathbf{A}_{1}\mathbf{N}_{1}\mathbf{D}_{1}\mathbf{R}_{1}\mathbf{I}_{1}\mathbf{E}_{1}\mathbf{U}_{1} \end{bmatrix}$	$ C_1A_1M_1P_1A_1I_1G_1N_{L_1}L_1L_1C_{L_1} $		
ADDRESS (number and street) $2_13_10_10_18$	$\mathbf{B}_{1} = [\mathbf{C}_{1}\mathbf{H}_{1}\mathbf{E}_{1}\mathbf{F}_{1} = [\mathbf{M}_{1}\mathbf{E}_{1}\mathbf{N}_{1}\mathbf{T}_{1}\mathbf{E}_{1}\mathbf{U}_{1}\mathbf{R}_{1}]$	$ \mathbf{H} \mathbf{W} \mathbf{Y} $	
than previously than previously reported. (ACC) $N_{\perp}E_{\perp}W_{\perp}$	$\mathbf{D}_{1}\mathbf{R}_{1}\mathbf{L}_{1}\mathbf{E}_{1}\mathbf{A}_{1}\mathbf{N}_{1}\mathbf{S}_{1}$		1,2,9-
2. FEC IDENTIFICATION NUMBER V		STATE	
C0_0_5_4_0_2_3_7	3. IS THIS 😿 NEW	AMENDED	STATE ▼ DISTRICT
	3. IS THIS NEW REPORT (N) OR	(A)	LA 02
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) 	(b) 12-Day PRE -Election Report for the Primary (12P)	General (12G)	Runoff (12R)
October 15 Quarterly Report (Q3)	Election on	/	in the State of
January 31 Year-End Report (YE)	(c) 30-Day POST -Election Report for th	ie:	
Termination Report (TER)	General (30G) Election on	Runoff (30R)	in the State of LA
5. Covering Period	(2015) through	2) ′ <mark>3 ĭ</mark> ′ Ž	<u>Ŏ_1_5</u>
I certify that I have examined this Report and to	o the best of my knowledge and belief it is C. LANDRIEU	true, correct and con	nplete.
Type or Print Name of Treasurer	MM	Date	<u>3</u> 1 ′ <u>2 0 1 5</u>
NOTE: Submission of false, erroreous, or incompl	ete information may subject the person signin	ng this Report to the pe	nalties of 2 U.S.C. §437g.
Confice Use Only		1 -	(Revised 02/2003)

7.8

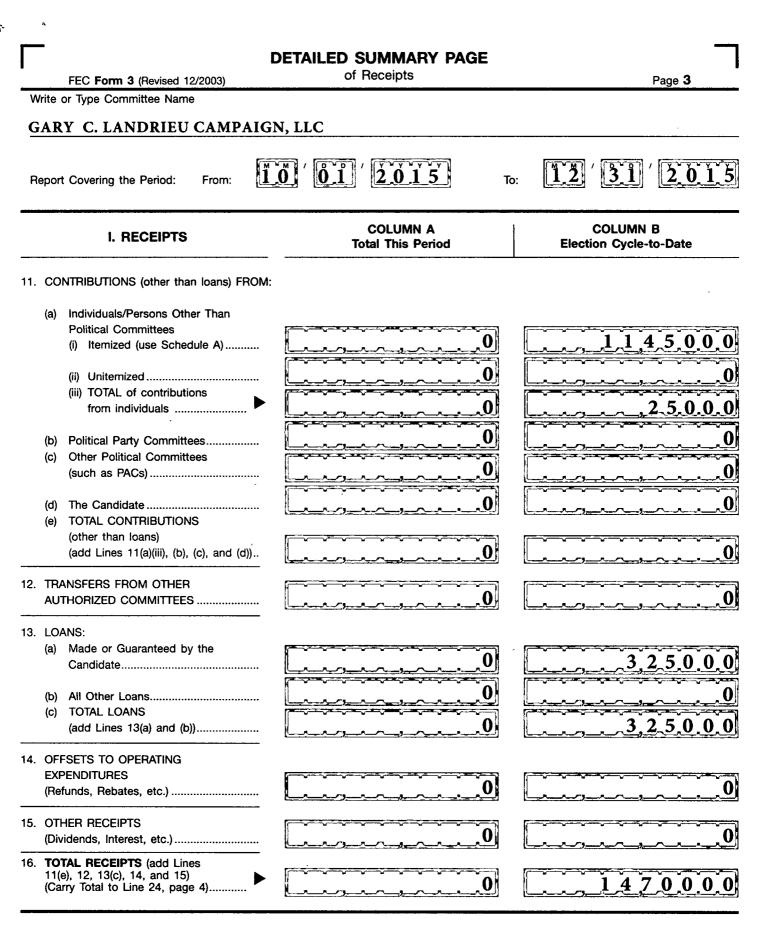


For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

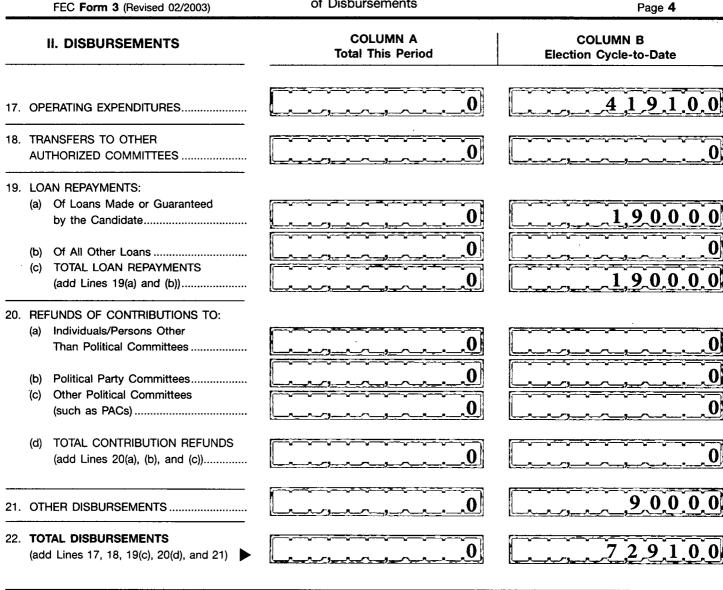
2016-01-07-0M-000M7100



2016-01-07-03-00037101

DETAILED SUMMARY PAGE





III. CASH SUMMARY

23.	CASH ON HAND AT BEGINNING OF REPORTING PERIOD	0
24	TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)	, <u>0</u>
25.	SUBTOTAL (add Line 23 and Line 24)	,0
26.	TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	
27.	CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	
-		

FE5AN018

	PAGE 5 OF 6
	Use separate schedule(s) FOR LINE NUMBER:
	Detailed Summary Page (check only one) 13a 13b
IGN, LLC	······
, Middle Initial)	Election:
	X Primary General
VY.	Other (specify) v
State ZIP C	ode
LA 7012	9
Cumulative Payment T	D Date Balance Outstanding at Close of This Period
0	90000
Date Due	Interest Rate Secured:
	<u>Ď ľ Š</u> <u>Ves</u> <u>No</u> % (apr)
ny) to Loan Source	
)	Name of Employer
	Occupation
te ZIP Code	Amount Guaranteed Outstanding:
	Name of Employer
	Occupation
	Amount [
te ZIP Code	Guaranteed Outstanding:
	Name of Employer
	Occupation
te ZIP Code	Amount Guaranteed Outstanding:
	Name of Employer
·····	Occupation
te ZIP Code	Amount Guaranteed Outstanding:
	no Schedule D, carry forward to appropriate line of Summary.
	, Middle Initial) VY. State ZIP Code LA 7012 Cumulative Payment To Date Due Date Due 12 / 31 / 2 ny) to Loan Source te ZIP Code te ZIP Code te ZIP Code

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4.

FEC Schedule C (Form 3) (Revised 02/2003)

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SCHEDULE D (FEC Form 3)		(Use separate	PAGE 6 OF 6
DEBTS AND OBLIGATIONS		schedule(s) for each	FOR LINE NUMBER:
		numbered line)	10
NAME OF COMMITTEE (In Full)			
GARY C. LANDRIEU CAMPAIGN, LLC			
A. Full Name (Last, First, Middle Initial) of Debtor or Crea	litor	Nature of D	ebt (Purpose):
GARY C. LANDRIEU			PERATING
Mailing Address 23008 CHEF MENTEUR HWY.		_	ERNTING
	Code 129		
Outstanding Balance Beginning This Period		· · · · ·	· · · · · · · · · · · · · · · · · · ·
1.3.5.0.0.0			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
		0	1 3 5 0 0 0
B. Full Name (Last, First, Middle Initial) of Debtor or Cred	itor	Nature of D	ebt (Purpose):
Mailing Address			
City State Zip	Code		
Outstanding Balance Beginning This Period		!	······································
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
C. Full Name (Last, First, Middle Initial) of Debtor or Crea	litor	Nature of D	ebt (Purpose):
Mailing Address	·		
City State	Zip Code		
Outstanding Balance Beginning This Period		l	
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
	<u></u>		
1) SUBTOTALS This Period This Page (optional)			<u></u>
2) TOTALS This Period (last page this line number only)			0
3) TOTAL OUTSTANDING LOANS from Schedule C (last p	age only)		
4) ADD 2) and 3) and carry forward to appropriate line of S	Summary Page (last page only		<u>1,3,5,0,0,0</u>

FEC Schedule D (Form 3) (Revised 02/2003)

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2016-01-07-03-000%7105

Gary C. Landrieu Gampaign LLC 28008 Chef Menteur Hwy. 90 New Orleans, Louisiana 70129

SS:11 HM CENTER JIAM の日本の内

WASHINGTON, DC 20463

999 E STREET NW

FEC

DEC

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMIN The FEC added this page to the end of this filing to indicat	
Hand Delivered	Date of Receipt
USPS First Class Mail 12/30/20/5	Date of Receipt
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Busine	ess Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Date of Other (Specify):	Receipt or Postmarked
PREPARER MP (3/2015)	1/7/2016 DATE PREPARED