

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
LOUISIANA TRUTH PAC

ADDRESS (number and street) 516 ST PHILIP STREET
 Check if different than previously reported. (ACC)
NEW ORLEANS LA 70116

2. **FEC IDENTIFICATION NUMBER** C00485854
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 07 01 2010 through 09 30 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer James S Burland

Signature of Treasurer Electronically Filed by James S Burland Date 10 15 2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only									
-----------------	--	--	--	--	--	--	--	--	--

FEC FORM 3X
(Rev. 12/2004)

A. Form/Schedule : **F3XN**

This is an Independent Expenditure only PAC as designated in our Form 1 and Form 99 filings.

Transaction ID :

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
LOUISIANA TRUTH PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		0.00
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	0.00									
(c) Total Receipts (from Line 19)	115975.00	115975.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	115975.00	115975.00								
7. Total Disbursements (from Line 31)	103872.13	103872.13								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	12102.87	12102.87								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	35875.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

Write or Type Committee Name
LOUISIANA TRUTH PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	80100.00	80100.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	80100.00	80100.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	80100.00	80100.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	35875.00	35875.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	115975.00	115975.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	115975.00	115975.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	11030.00	11030.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	11030.00	11030.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	92842.13	92842.13
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	103872.13	103872.13
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	103872.13	103872.13

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

6 / 21

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	80100.00	80100.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	80100.00	80100.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	11030.00	11030.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	11030.00	11030.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
LOUISIANA TRUTH PAC

A.	Full Name (Last, First, Middle Initial) Barry J Cooper	Date of Receipt MM / DD / YYYY 07 / 20 / 2010
	Mailing Address 100 S. Pointe Drive Suite 3304	Transaction ID: SA11AI.4124
	City Miami Beach State FL Zip Code 33139	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer self Occupation attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00	

B.	Full Name (Last, First, Middle Initial) Carol Greve	Date of Receipt MM / DD / YYYY 08 / 23 / 2010
	Mailing Address 931 Rue St. Louis Street	Transaction ID: SA11AI.4191
	City New Orleans State LA Zip Code 70130	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer retired Occupation retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 100.00	

C.	Full Name (Last, First, Middle Initial) Steve Murray, Sr.	Date of Receipt MM / DD / YYYY 08 / 19 / 2010
	Mailing Address 650 Poydras Street Suite 1100	Transaction ID: SA11AI.4129
	City New Orleans State LA Zip Code 70130	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer self Occupation attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	▶	10100.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
LOUISIANA TRUTH PAC

A.	Full Name (Last, First, Middle Initial) Stuart H Smith	Date of Receipt MM / DD / YYYY 07 / 20 / 2010
	Mailing Address 100 S. Pointe Drive Suite 3304	Transaction ID: SA11AI.4126
	City Miami State FL Zip Code 33139	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	contribution (personal check)
	Name of Employer SmithStag, LLC Occupation attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 5000.00	

B.	Full Name (Last, First, Middle Initial) Stuart H Smith	Date of Receipt MM / DD / YYYY 08 / 25 / 2010
	Mailing Address 100 S. Pointe Drive Suite 3304	Transaction ID: SA11AI.4160
	City Miami State FL Zip Code 33139	Amount of Each Receipt this Period 25000.00
	FEC ID number of contributing federal political committee. C	cash contribution
	Name of Employer SmithStag, LLC Occupation attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 5000.00	

C.	Full Name (Last, First, Middle Initial) Stuart H Smith	Date of Receipt MM / DD / YYYY 09 / 11 / 2010
	Mailing Address 100 S. Pointe Drive Suite 3304	Transaction ID: SA11AI.4195
	City Miami State FL Zip Code 33139	Amount of Each Receipt this Period 35000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer SmithStag, LLC Occupation attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 40000.00	

SUBTOTAL of Receipts This Page (optional)	65000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 21
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
LOUISIANA TRUTH PAC

A.

Full Name (Last, First, Middle Initial)
Mike Stag

Mailing Address 1127 Phillip Street

City State Zip Code
New Orleans LA 70130

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation
self attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	1	/	2	0	1	0

Transaction ID: SA11AI.4127

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)	▶	5000.00
TOTAL This Period (last page this line number only)	▶	80100.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 10 / 21	
	(check only one)			
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input checked="" type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full) LOUISIANA TRUTH PAC
--

A.	Full Name (Last, First, Middle Initial) Stuart H Smith	Date of Receipt
	Mailing Address 100 S. Pointe Drive Suite 3304	<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City State Zip Code Miami FL 33139	Transaction ID: SA13.4204
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Amount of Each Receipt this Period <input type="text" value="35875.00"/>
	Name of Employer SmithStag, LLC Occupation attorney	aggregate loan value from Smith business credit card account
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="75875.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="35875.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="35875.00"/>

A. Form/Schedule : **SA13**
Transaction ID : **SA13.4204**

This amount represents the aggregate loan amount from Stuart Smith during this reporting period for payment of Burland and certain independent expenditures made on his business credit cards previously reported on the 24-hour reports on file with the FEC.

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
LOUISIANA TRUTH PAC

A.

Full Name (Last, First, Middle Initial)
Burland & Associates, Inc.

Transaction ID: SB21B.4205
Date of Disbursement

Mailing Address 13144 Perkins Road
Suite B

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	1	0

City Baton Rouge State LA Zip Code 70810

Amount of Each Disbursement this Period

1500.00

Purpose of Disbursement
paid preparer services paid by Stuart Smith business credit card

001

Category/
Type

Candidate Name
LOUISIANA TRUTH PAC

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Bess Carrick

Transaction ID: SB21B.4210
Date of Disbursement

Mailing Address 706 Lowerline Street

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	1	0

City New Orleans State LA Zip Code 70118

Amount of Each Disbursement this Period

9500.00

Purpose of Disbursement
media consulting services

004

Category/
Type

Candidate Name
LOUISIANA TRUTH PAC

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

11000.00

TOTAL This Period (last page this line number only) ►

11000.00

SCHEDULE C (FEC Form 3X)

Use separate schedule(s)
for each category of the
Detailed Summary Page

LOANS

NAME OF COMMITTEE (In Full)
LOUISIANA TRUTH PAC

Transaction ID: SC/10.4204

LOAN SOURCE Full Name (Last, First, Middle Initial) Stuart H Smith	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 100 S. Pointe Drive Suite 3304	
City Miami State FL ZIP Code 33139	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
35875.00	0.00	35875.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:																
<table style="font-size: small;"> <tr><td>M</td><td>M</td></tr> <tr><td>0</td><td>9</td></tr> </table> <table style="font-size: small;"> <tr><td>D</td><td>D</td></tr> <tr><td>3</td><td>0</td></tr> </table> <table style="font-size: small;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table>	M	M	0	9	D	D	3	0	Y	Y	Y	Y	2	0	1	0	12/31/11	0.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
M	M																		
0	9																		
D	D																		
3	0																		
Y	Y	Y	Y																
2	0	1	0																

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial) Stuart H Smith	Name of Employer SmithStag, LLC
Mailing Address 100 S. Pointe Drive Suite 3304	Occupation attorney
City Miami State FL ZIP Code 33139	Amount Guaranteed Outstanding: 35875.00
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	35875.00
TOTALS This Period (last page in this line only)	35875.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

A. Form/Schedule : **SC/10**
Transaction ID : **SC/10.4204**

This amount represents the aggregate loan amount from Stuart Smith during this reporting period for payment of Burland and certain independent expenditures made on his business credit card s previously reported on the 24-hour reports on file with the FEC.

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) LOUISIANA TRUTH PAC	FEC IDENTIFICATION NUMBER C C00485854
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Direct Mail Plus, LLC

Mailing Address
POB 292

City State Zip Code
Metairie LA 70004

Purpose of Expenditure
postcard printing, production, mailing list rental services
Name of Federal Candidate supported or Opposed by expenditure:
CEDRIC L RICHMOND

Category/Type **004**

Calendar Year-To-Date Per Election for Office Sought **0.00**

Date
M M / D D / Y Y Y Y
0 8 / 1 9 / 2 0 1 0

Amount
18204.01

Transaction ID: SE.4136

Office Sought: House State: LA
 Senate District: 02
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

Full Name (Last, First, Middle, Initial) of Payee
Direct Mail Plus, LLC

Mailing Address
POB 292

City State Zip Code
Metairie LA 70004

Purpose of Expenditure
mail piece production, postage, in-kind from Stuart Smith, cr
Name of Federal Candidate supported or Opposed by expenditure:
CEDRIC L RICHMOND

Category/Type **004**

Calendar Year-To-Date Per Election for Office Sought **0.00**

Date
M M / D D / Y Y Y Y
0 8 / 2 4 / 2 0 1 0

Amount
16171.00

Transaction ID: SE.4142

Office Sought: House State: LA
 Senate District: 02
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

(a) SUBTOTAL of Itemized Independent Expenditures	34375.01
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Stuart H Smith
Signature

Date M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

A. Form/Schedule : **SE**

Transaction ID : **SE.4136**

This is an in-kind payment to Direct Mail Plus from Stuart Smith; however, the in-kind box was not checked on line 11(a) because doing so would not allow the software to add it to Form 24 for electronic filing purposes. J. Burland, preparer.

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) LOUISIANA TRUTH PAC	FEC IDENTIFICATION NUMBER C C00485854
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Don Burrell Services

Mailing Address
1400 Buford Highway

City State Zip Code
Sugarhill GA 30518

Purpose of Expenditure
polling and robo-call services--PAC check

Category/Type
004

Name of Federal Candidate supported or Opposed by expenditure:
CEDRIC L RICHMOND

Calendar Year-To-Date Per Election for Office Sought
0.00

Date
08 / 28 / 2010

Amount
3440.00

Transaction ID: SE.4184

Office Sought: House State: LA
 Senate District: 02
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

Full Name (Last, First, Middle, Initial) of Payee
Gulf South Media

Mailing Address
7818 St. Charles Ave

City State Zip Code
New Orleans LA 70118

Purpose of Expenditure
website design, research, setup services--PAC check

Category/Type
004

Name of Federal Candidate supported or Opposed by expenditure:
CEDRIC L RICHMOND

Calendar Year-To-Date Per Election for Office Sought
0.00

Date
08 / 20 / 2010

Amount
10000.00

Transaction ID: SE.4138

Office Sought: House State: LA
 Senate District: 02
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

(a) SUBTOTAL of Itemized Independent Expenditures	13440.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Stuart H Smith
Signature

Date 10 / 15 / 2010

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) LOUISIANA TRUTH PAC	FEC IDENTIFICATION NUMBER C C00485854
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Newswatch 15 Cable News Station

Date
M M / D D / Y Y Y Y
0 8 / 2 4 / 2 0 1 0

Mailing Address
1024 N. Rampart St

Amount
4187.50

City State Zip Code
New Orleans LA 70116

Transaction ID: SE.4143

Purpose of Expenditure
TV media buys--PAC check

Category/Type
004

Office Sought: House State: LA
 Senate District: 02
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
CEDRIC L RICHMOND

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
0.00

Disbursement For: Primary General
 Other (specify) : _____
2010

Full Name (Last, First, Middle, Initial) of Payee
Newswatch 15 Cable News Station

Date
M M / D D / Y Y Y Y
0 8 / 2 7 / 2 0 1 0

Mailing Address
1024 N. Rampart St

Amount
1250.00

City State Zip Code
New Orleans LA 70116

Transaction ID: SE.4183

Purpose of Expenditure
in-kind payment via cc by Stuart Smith to News15 for media buys & production costs

Category/Type
004

Office Sought: House State: LA
 Senate District: 02
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
CEDRIC L RICHMOND

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
0.00

Disbursement For: Primary General
 Other (specify) : _____
2010

(a) SUBTOTAL of Itemized Independent Expenditures	5437.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Stuart H Smith
Signature

Date
M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) LOUISIANA TRUTH PAC	FEC IDENTIFICATION NUMBER ▼ C C00485854
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Ralph Madison Productions

Date
MM / DD / YYYY
08 / 24 / 2010

Mailing Address
3219 St. Thomas St

Amount
4400.00

City State Zip Code
New Orleans LA 70115

Transaction ID: SE.4147

Purpose of Expenditure
TV ad production, studio time, related services--PAC check
Category/Type 004

Office Sought: House State: LA
 Senate District: 02
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
CEDRIC L RICHMOND

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 0.00

Disbursement For: Primary General
 Other (specify) : _____
2010

Full Name (Last, First, Middle, Initial) of Payee
WDSU TV

Date
MM / DD / YYYY
08 / 24 / 2010

Mailing Address
846 Howard Ave

Amount
3868.75

City State Zip Code
New Orleans LA 70113

Transaction ID: SE.4151

Purpose of Expenditure
TV media buys--PAC check
Category/Type 004

Office Sought: House State: LA
 Senate District: 02
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
CEDRIC L RICHMOND

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 0.00

Disbursement For: Primary General
 Other (specify) : _____
2010

(a) SUBTOTAL of Itemized Independent Expenditures	8268.75
(b) SUBTOTAL of Unitemized Independent Expenditures	_____
(c) TOTAL Independent Expenditures	_____

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Stuart H Smith
Signature

Date MM / DD / YYYY
10 / 15 / 2010

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) LOUISIANA TRUTH PAC	FEC IDENTIFICATION NUMBER C C00485854
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
WVUE Fox 8 TV

Mailing Address
1025 S. Jefferson Davis Parkway

City New Orleans	State LA	Zip Code 70125
---------------------	-------------	-------------------

Purpose of Expenditure TV media buys--PAC check	Category/ Type 004
--	--------------------------

Name of Federal Candidate supported or Opposed by expenditure:
CEDRIC L RICHMOND

Calendar Year-To-Date Per Election for Office Sought	0.00
---	------

Date
MM / DD / YYYY
08 / 24 / 2010

Amount
2800.87

Transaction ID: SE.4149

Office Sought: House State: LA
 Senate District: 02
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

Full Name (Last, First, Middle, Initial) of Payee
WWL TV

Mailing Address
1024 N. Rampart St

City New Orleans	State LA	Zip Code 70116
---------------------	-------------	-------------------

Purpose of Expenditure TV media buys--PAC check	Category/ Type 004
--	--------------------------

Name of Federal Candidate supported or Opposed by expenditure:
CEDRIC L RICHMOND

Calendar Year-To-Date Per Election for Office Sought	0.00
---	------

Date
MM / DD / YYYY
08 / 24 / 2010

Amount
18520.00

Transaction ID: SE.4145

Office Sought: House State: LA
 Senate District: 02
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

(a) SUBTOTAL of Itemized Independent Expenditures	21320.87
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Stuart H Smith
Signature

Date MM / DD / YYYY
10 / 15 / 2010

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) LOUISIANA TRUTH PAC		FEC IDENTIFICATION NUMBER C C00485854	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice		Date M M / D D / Y Y Y Y 0 8 / 2 7 / 2 0 1 0	
Full Name (Last, First, Middle, Initial) of Payee WWL TV		Amount 10000.00	
Mailing Address 1024 N. Rampart St		Transaction ID: SE.4182	
City New Orleans	State LA	Zip Code 70116	Office Sought: <input checked="" type="checkbox"/> House State: LA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential
Purpose of Expenditure in-kind payment via cc by Stuart Smith to WWL-TV for media days & production costs Days & Production Costs CEDRIC L RICHMOND		Category/ Type 004	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010

(a) SUBTOTAL of Itemized Independent Expenditures	10000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	92842.13
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Stuart H Smith Signature	Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 1 0