NO45 : 07 : 06 : 0M : 00005200

FE5AN018

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED FEC MAIL CENTER

2015 JUL -6 AM 10: 22

	FOI All	Authorized Com			Office Use Only
1. NAME OF COMMITTEE (in fo	TYPE OR PRIM		ample: If typing, type er the lines.	12FE4M5	
$[G_{i}A_{i}R_{i}Y_{i-1}C_{i-1}]$	$\mathbf{L}_{1}\mathbf{A}_{1}\mathbf{N}_{1}\mathbf{D}_{1}\mathbf{R}_{1}\mathbf{I}_{1}\mathbf{E}_{1}\mathbf{U}_{1}$	$_{i}C_{1}A_{1}M_{1}P_{1}A_{1}I_{1}$	G_1N_1 $L_1L_1C_1$		
ADDRESS (number and	street) $2 \cdot 3 \cdot 0 \cdot 0$	$8_{1} {}_{1}\mathbf{C}_{1}\mathbf{H}_{1}\mathbf{E}_{1}\mathbf{F}_{1}$	$M_1 E_1 N_1 T_1 E_1 U_1 R$	R _i H _i W _i Y _i	
Check if diffe			· · · · · · · · · · · · · · · · · · ·		
than previous reported. (AC		$\mathbf{D}_{i}\mathbf{R}_{j}\mathbf{L}_{l}\mathbf{E}_{l}\mathbf{A}_{i}\mathbf{N}_{l}\mathbf{S}$	 	LA 7	0,1,2,9]-
2. FEC IDENTIFICA	ATION NUMBER T	CITY		STATE A	ZIP CODE A STATE ▼ DISTRICT
C[0,0,5,4	0.2.3.7	3. IS THIS REPORT	NEW (N) OR	AMENDE (A)	
•	ORT (Choose One)	(b) 12-Day PRE	: -Election Report for	the:	3 9 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
(a) Quarterly Rep			Primary (12P)	General (12	G) Runoff (12R)
	Quarterly Report (Q1) Quarterly Report (Q2)		Convention (12C)	Special (129	S)
October	15 Quarterly Report (Q3)	Election on	M M / D		in the State of
January (31 Year-End Report (YE)	(c) 30-Day POS	T-Election Report for	77.1	(205)
Termination .	on Report (TER)	Election on	General (30G)		in the State of
5. Covering Period	04/01	2015	through	06'31'	2[0]1[5]
I certify that I have exa Type or Print Name of	amined this Repart and	to the best of my kr.		it is true, correct and	complete.
Signature of Treasurer		malini-	-	Date 0.6	<u> </u>
NOTE: Submission of fa	alse, erroneous, or incomp	lete information may	subject the person sig	gning this Report to the	e penalties of 2 U.S.C. §437g.
Office Use Only					FEC FORM 3 (Revised 02/2003)

2015:07:06:08:00005201

SUMMARY PAGE

of Receipts and Disbursements

Page 2

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

GARY C. LANDRIEU CAMPAIGN, LLC

Report Covering the Period:

the Committee (Itemize all on

Schedule C and/or Schedule D)

From:

06 / 3f / 2015

		COLUMN A This Period	COLUMN B Election Cycle-to-Date
6.	Net Contributions (other than loans)		
	(a) Total Contributions (other than loans) (from Line 11(e))	0	1 4,7,0,0,0,0
	(b) Total Contribution Refunds (from Line 20(d))	0	0
	(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	0	,
7.	Net Operating Expenditures		
	(a) Total Operating Expenditures (from Line 17)	0	13,6,2,4,5,4
	(b) Total Offsets to Operating Expenditures (from Line 14)	0	0
	(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	0	1 3,6,2,4,5,4
8.	Cash on Hand at Close of Reporting Period (from Line 27)	0	
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	118.3.5.4	
10.	. Debts and Obligations Owed BY		

For further information contact:

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

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

2015-07-06-0M-00005202

DETAILED SUMMARY PAGE

FEC Form 3 (Revised 12/2003)

of Receipts

Page 3

Write or Type Committee Name

GARY C. LANDRIEU CAMPAIGN, LLC

Report Covering the Period:

From:

To

0.6 3.1 2.0

I. RECEIPTS		COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11.	CONTRIBUTIONS (other than loans) FROM:		
	(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	0	1,1,4,5,0,0,0
	(ii) Unitemized	0	2.5.0.0.0
	(b) Political Party Committees	0	
	(d) The Candidate	0	
12.	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0	
13.	LOANS:		
	(a) Made or Guaranteed by the Candidate	0	3,2,5,0,0,0
	(b) All Other Loans	0	3,2,5,0,0,0
14.	OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0	0
15.	OTHER RECEIPTS (Dividends, Interest, etc.)	0	
16.	TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	0	1470000

2015:07:06:0M:0000520M

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
	OPERATING EXPENDITURES	0	4,1,9,1,0,0
	AUTHORIZED COMMITTEES	0	0
19.	LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed by the Candidate		1,900000
21.	REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other Than Political Committees		
	(add Lines 17, 18, 19(c), 20(d), and 21)		
	III. CASH SU	JMMARY	Committee of the second
23.	CASH ON HAND AT BEGINNING OF REPO	PATING PERIOD	
24	TOTAL RECEIPTS THIS PERIOD (from Line	0	
25.	SUBTOTAL (add Line 23 and Line 24)		0
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	om Line 22)	0
27.	CASH ON HAND AT CLOSE OF REPORTIN (subtract Line 26 from Line 25)		0

OANS	· 	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one) 13a 13b
NAME OF COMMITTEE (In Full)	· · · ·		
GARY C. LANDRIEU CAMI	PAIGN, LLC	•	
LOAN SOURCE Full Name (Last, F	irst, Middle Initial)	l	lection:
GARY C. LANDRIEU			Primary General
Mailing Address 23008 CHEF MENTEUR I	HWY.		Other (specify) ▼
City	State Z	P Code	
NEW ORLEANS	LA 7	0129	·
Original Amount of Loan	Cumulative Payme		e Outstanding at Close of This Period
3,250		1,9.0.0.0.0	1,3,5,0,0
Date Incurred Date Incurred Date Incurred Date Incurred Date Incurred Date Incurred	<u>2</u> 1.2 3.1	Due Interest Rate	Secured: O (apr) Yes No
Full Name (Last, First, Middle Initial Name)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City	State ZIP Code	Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Init	ial)	Name of Employer	
Mailing Address		Occupation	
		Amount	
City	State ZIP Code	Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Init	ial)	Name of Employer	
Mailing Address		Occupation	
		Amount	
City	State ZIP Code	Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Init	ial)	Name of Employer	······································
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

SCHEDULE D (FEC Form 3)			(Llee	separate	PAGE 6 OF 6
DEBTS AND OBLIGATIONS			sch	nedule(s)	FOR LINE NUMBER:
•			·	or each bered line)	(check only one) 9
	ME OF COMMITTEE (In Full)				·
G.	ARY C. LANDRIEU CAMPAIGN	I, LLC			
٦	A. Full Name (Last, First, Middle Initial) of Debt	tor or Creditor		Nature of D	Pebt (Purpose):
İ	GARY C. LANDRIEU				
	Mailing Address 23008 CHEF MENTEUR HWY.			OPERATING EXPENSES	
	City State NEW ORLEANS, LA	Zip Code 70129			
	Outstanding Balance Beginning This Period 1,3 5,0 0,0 Amount Incurred This Period	Payment This Period	0	Outstandi	ng Balance at Close of This Period
	B. Full Name (Last, First, Middle Initial) of Debte	or or Creditor		Nature of D	Debt (Purpose):
	Mailing Address				·
	City State	Zip Code			
	Outstanding Balance Beginning This Period Amount Incurred This Period	Payment This Period		Outstandi	ing Balance at Close of This Period
	C. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor	_	Nature of D	Debt (Purpose):
:	Mailing Address				•
	City	State Zip Code			
	Outstanding Balance Beginning This Period Amount Incurred This Period	Payment This Period		Outstandi	ing Balance at Close of This Period
1)	SUBTOTALS This Period This Page (optional).		>	بيا	<u> </u>
2)	TOTALS This Period (last page this line number	er only)	>		0
3)	TOTAL OUTSTANDING LOANS from Schedule	e C (last page only)	•		1 3 5 0 0 0
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)			1,3,5,0,0,0		

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Federal Election Comm ENVELOPE REPLACEMENT PAGE FOR The FEC added this page to the end of this filing	INCOMING DOCUMENTS
Hand Delivered	Date of Receipt
Postmarked USPS First Class Mail	Date of Receipt
USPS Registered/Certified $6/21/15$	Postmarked (R/C)
USPS Priority Mail	Postmarked
	· · · · · · · · · · · · · · · · · · ·
USPS Priority Mail Express	Postmarked
Postmark Illegible	•
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
N	ext Business Day Delivery
Received from House Records & Registration	Date of Receipt Office
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
PREPARER MP	7/6/15
(3/2015)	DATE THE ANEU