FAX COVER SHEET

5 PAGES (including Cover)

DATE	August 13, 2008
TO:	Federal Election Commission – (202) 219-0174
FROM:	The Louisiana Conservative Action Network
RE:	Form 9 – 24 Hour Notice of Disbursements/Obligations for Electioneering Communications

28039813436

WASH_4760818.1

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name
The Louisiana Conservative Action Network

(b) Address (number and street) ☐ check if different than previously reported
12491 Plantation Creek

(c) City, State and ZIP Code
Geismar, Louisiana 70734

2. FEC Identification Number
C

(d) Name of Employer or Principal Place of Business
N/A

(e) Occupation

3. Is This Statement X New or Amended

4. Covering Period 08 12 2008 through 08 13 2008

5. (a) Date of Public Distribution(s) 08 13 2008 **(b) Communication Title** Cne Vote Away

6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10)

(d) X Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) Other, specify: _____

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account? Yes No

8. Custodian of Records

(a) Name
John Diez, Jr.

(b) Address (number and street)
12941 Plantation Creek

(c) City, State and ZIP Code
Geismar, Louisiana 70734

(d) Name of Employer or Principal Place of Business
The Louisiana Conservative Action Network

(e) Occupation
Executive Director

9. Total Donations This Statement 0.00

10. Total Disbursements/Obligations This Statement 86,915.22

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM John Diez, Jr.

SIGNATURE _____ DATE 08/13/2008

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

FEC FORM 9 (REV. 12/2007)

28039813437

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

11. Person(s) Sharing/Exercising Control

A. (a) Name
N/A
(b) Address (number and street)
(c) City, State and ZIP Code
(d) Name of Employer or Principal Place of Business (e) Occupation

B. (a) Name
(b) Address (number and street)
(c) City, State and ZIP Code
(d) Name of Employer or Principal Place of Business (e) Occupation

C. (a) Name
(b) Address (number and street)
(c) City, State and ZIP Code
(d) Name of Employer or Principal Place of Business (e) Occupation

D. (a) Name
(b) Address (number and street)
(c) City, State and ZIP Code
(d) Name of Employer or Principal Place of Business (e) Occupation

E. (a) Name
(b) Address (number and street)
(c) City, State and ZIP Code
(d) Name of Employer or Principal Place of Business (e) Occupation

28031396138

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor
N/A
Mailing Address of Donor
City State Zip

Date of Receipt
Amount

B. Full Name of Donor
Mailing Address of Donor
City State Zip

Date of Receipt
Amount

C. Full Name of Donor
Mailing Address of Donor
City State Zip

Date of Receipt
Amount

D. Full Name of Donor
Mailing Address of Donor
City State Zip

Date of Receipt
Amount

E. Full Name of Donor
Mailing Address of Donor
City State Zip

Date of Receipt
Amount

SUBTOTAL of Donations This Page (optional) ▶	0 0 0
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)	0 0 0

28039813439

SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee: Crossroads Media

Mailing Address of Payee: 66 Canal Center Plaza

City: Alexandria State: Virginia Zip Code: 22314

Name of Employer: N/A Occupation:

Date of Disbursement or Obligation: 08 12 2008

Amount: 84,939.90

Communication Date: 08 13 2008

Purpose of Disbursement (including title(s) of communication(s)): Advertisement - "One Vote Away"

Name of Federal Candidate: Mary Landrieu
Office Sought: [ ] House [X] Senate [ ] President
State: LA District: ____
Disbursement/Obligation For: [ ] Primary [X] General [ ] Other (specify) ▶

Name of Federal Candidate:
Office Sought: [ ] House [ ] Senate [ ] President
State: ____ District: ____
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

Name of Federal Candidate:
Office Sought: [ ] House [ ] Senate [ ] President
State: ____ District: ____
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

B. Full Name (Last, First, Middle Initial) of Payee: Hackney & Hackney

Mailing Address of Payee: 1503 W 31st Avenue

City: Anchorage, Alaska 99503 State: Zip Code:

Name of Employer: N/A Occupation:

Date of Disbursement or Obligation: 08 12 2008

Amount: 1,975.32

Communication Date: 08 13 2008

Purpose of Disbursement (including title(s) of communication(s)): Advertisement - "One Vote Away"

Name of Federal Candidate: Mary Landrieu
Office Sought: [ ] House [X] Senate [ ] President
State: LA District: ____
Disbursement/Obligation For: [ ] Primary [X] General [ ] Other (specify) ▶

Name of Federal Candidate:
Office Sought: [ ] House [ ] Senate [ ] President
State: ____ District: ____
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

Name of Federal Candidate:
Office Sought: [ ] House [ ] Senate [ ] President
State: ____ District: ____
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶ 86,915.22

TOTAL This Period (last page this line number only) ▶ 86,915.22
(carry total from last page to Line 10)

28039813440

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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☐ No Postmark	
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N/A PREPARER	N/A DATE PREPARED

(5/2004)

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