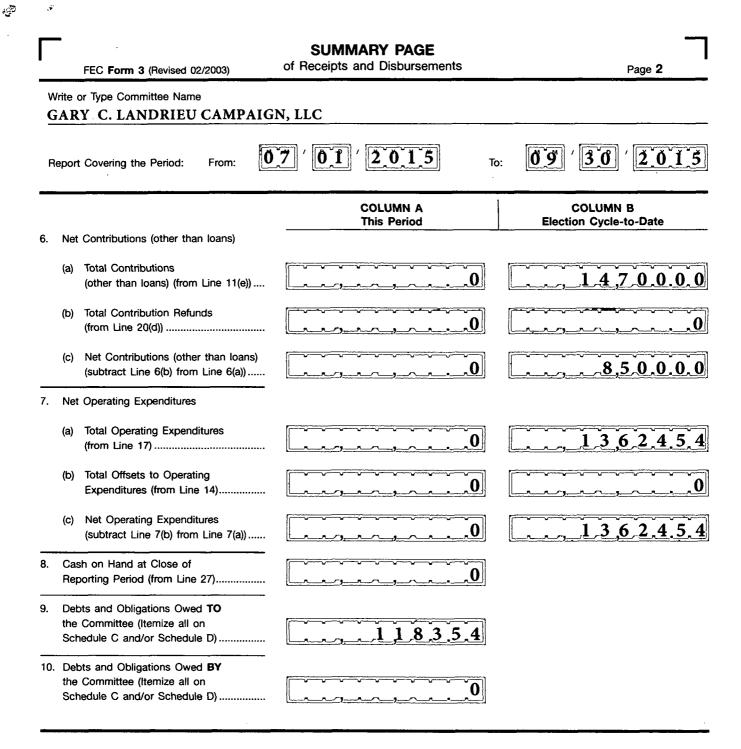
FEC AND DI	T OF RECEIPTS SBURSEMENTS Authorized Committee	RE FEC M 2015 OCT	CEIVED AIL CENTER -5 AM II: 28 Use Only
1. NAME OF TYPE OR PRIN COMMITTEE (in full) $G_{I}A_{I}R_{I}Y_{I} = C_{I} = L_{I}A_{I}N_{I}D_{I}R_{I}I_{I}E_{I}U_{I}$	NT ▼ Example: If typing, type over the lines. <u> C A M P A I G N L L C </u>	<u>12FE4M5</u>	
ADDRESS (number and street)	$8_{1} C_{1}H_{1}E_{1}F_{1} M_{1}E_{1}N_{1}T_{1}E_{1}U_{1}R_{1}$ $O_{1}R_{1}L_{1}E_{1}A_{1}N_{1}S_{1} + \cdots + \cdots + \cdots$	$[\mathbf{L}_{\mathbf{A}}] = [7,0]$	
2. FEC IDENTIFICATION NUMBER ▼ COJ540237	CITY 3. IS THIS REPORT NEW (N) OR	STATE AMENDED (A)	ZIP CODE A STATE ▼ DISTRICT
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) 	(b) 12-Day PRE -Election Report for the Primary (12P) Convention (12C)	: General (12G) Special (12S)	Runoff (12R)
January 31 Year-End Report (YE)	Election on (c) 30-Day POST -Election Report for the General (30G) Election on (11) (04)	re: Runoff (30R) ' 2 0 1 4	State of Special (30S) in the State of LA
5. Covering Period 0 7 ' 0 1	to the best of my knowledge and belief it is	9 / 3 0 / 2	<u>0_1_5</u> plete.
Type or Print Name of Treasurer GARY Signature of Treasurer	C. LANDRIEU	Date Öğ '	3 0 ¹ 2 0 1 5 nalties of 2 U.S.C. \$437a.
Office Use Only		FI	EC FORM 3 Revised 02/2003)

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For further information contact:

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

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

FE5AN018

FEC Form 3 (Revised 12/2003)	DETAILED SUMMARY PAGE of Receipts	Page 3
Write or Type Committee Name GARY C. LANDRIEU CAMPAIG	SN. LLC	
Report Covering the Period: From:		
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 (iii) TOTAL of contributions from individuals 		
(b) Political Party Committees(c) Other Political Committees (such as PACs)		
 (d) The Candidate		
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
 13. LOANS: (a) Made or Guaranteed by the Candidate (b) All Other Loans (c) TOTAL LOANS (add Lines 13(a) and (b)) 		<u>, 3,2,5,0,0,0</u> <u>, , , 0</u> <u>, , 3,2,5,0,0,0</u>
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	[,,]	0
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0	0
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)		1470000

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FE5AN018

	FEC Form 3 (Revised 02/2003)	DETAILED SUMMARY PAGE of Disbursements	Page 4
	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES		4,1.9.1.0.0
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES		,,O
19.	LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed by the Candidate		1,90,0.0,0
	 (b) Of All Other Loans (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)) 		
20.	REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other Than Political Committees		
	 (b) Political Party Committees (c) Other Political Committees (such as PACs) 		
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	, <u>0</u>	,,
21.	OTHER DISBURSEMENTS		<u> </u>
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)		7,2.9,1.0,0

III. CASH SUMMARY

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

FE5AN018

SCHEDULE C (FEC Form LOANS	3)	Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 5 OF 6 FOR LINE NUMBER: (check only one) 13a 13b	
NAME OF COMMITTEE (In Full)				
GARY C. LANDRIEU CAM		······································		
LOAN SOURCE Full Name (Last,	First, Middle Initial)		ection:	
GARY C. LANDRIEU			General	
Mailing Address 23008 CHEF MENTEUR	HWY.		Other (specify) ▼	
City		Code		
NEW ORLEANS	LA 70	129		
Original Amount of Loan	Cumulative Paymen	t To Date Balance	Outstanding at Close of This Period	
3,2,5,0		<u>1,900.00</u>	1,3,5,0,0,0	
TERMS Date Incurred 0.8 / 1.2 / 2.0 1		Due Interest Rate	Secured:	
List All Endorsers or Guarantors				
1. Full Name (Last, First, Middle	Initial)	Name of Employer		
Mailing Address		Occupation		
	<u> </u>	Amount Guaranteed		
City	State ZIP Code	Outstanding:		
2. Full Name (Last, First, Middle I	nitial)	Name of Employer		
Mailing Address		Occupation		
		Amount Guaranteed		
City	State ZIP Code	Outstanding:	<u></u>	
3. Full Name (Last, First, Middle I	nitial)	Name of Employer		
Mailing Address		Occupation	· · · · · · · · · · · · · · · · · · ·	
0.4		Amount Guaranteed	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
City	State ZIP Code	Outstanding:		
4. Full Name (Last, First, Middle I	nitial)	Name of Employer		
Mailing Address		Occupation	<u> </u>	
		Amount		
City	State ZIP Code	Guaranteed Outstanding:		
SUBTOTALS This Period This Page TOTALS This Period (last page in thi			<u>, 1,35.0.00</u>	
Carry outstanding balance only to L	Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			
FE5AN018	· · · · · · · · · · · · · · · · · ·		C Schedule C (Form 3) (Revised 02/2003	

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

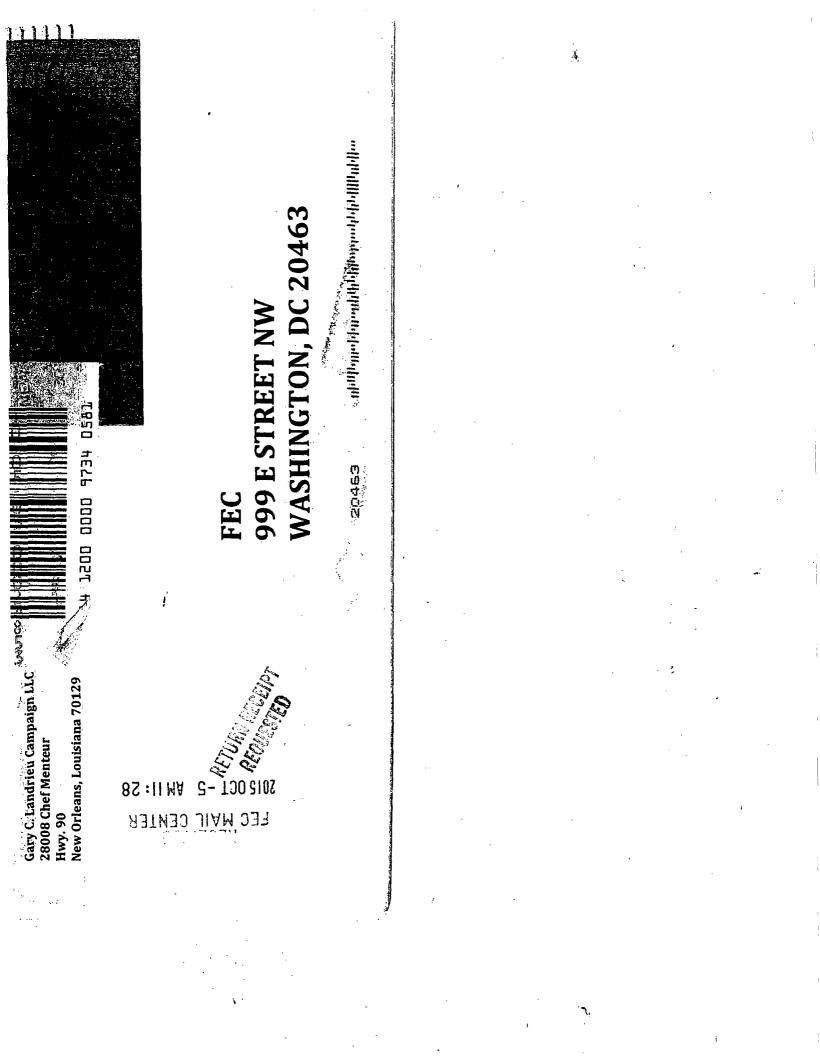
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SCHEDULE D (FEC Form 3)	(Use separate	PAGE 6 OF 6		
DEBTS AND OBLIGATIONS				
Excluding Loans		(check only one) 9		
NAME OF COMMITTEE (In Full)	<u> </u>			
GARY C. LANDRIEU CAMPAIGN, LLC				
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):		
GARY C. LANDRIEU				
Mailing Address		OPERATING EXPENSES		
23008 CHEF MENTEUR HWY. City State Zip Code	E2	APENSES		
NEW ORLEANS, LA 70129				
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	0	1 3 5 0 0 0		
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	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 Creditor	Netwoor of D)		
C. Fuil Name (Last, First, Middle Initial) of Debtor of Creditor	Nature of D	lebt (Purpose):		
Mailing Address				
City State Zip Code				
Outstanding Balance Beginning This Period	I			
<u>Langengengengeng</u>	• • • • •			
Amount Incurred This Period Payment This Period	Outstandi	ng Balance at Close of This Period		
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 page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page or	nty) ►	<u>1,3,5,0,0,0</u>		

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