PAGE 1 / 9

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For Other Than	An Authorize	d Committee		Office U	se Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT		ample: If typing, typer the lines.	e 12FE	E4M5	
, LOUISIANA TRUTH I	PAC					
ADDRESS (number and street)	516 ST PHILIP S	STREET				
Check if different						
than previously reported. (ACC)	NEW ORLEANS	S		LA LLA	7011	6
2. FEC IDENTIFICATION N	NUMBER ▼	CITY ▲		STATE A		ZIP CODE ▲
C C00485854		3. IS THIS REPORT	NEW (N)	or \square	AMENDED (A)	
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2			Aug 20 (M8) Sep 20 (M9)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12)
(a) Quarterly Reports:		Apr 20 (M4)			Oct 20 (M10)	(Non-Election Year Only)
April 15 Quarterly Report	(Q1) (a) 10 Pos					
July 15 Quarterly Report	(Q2)	y Election t for the:	Primary (12P) Convention (12C)		neral (12G) ecial (12S)	Runoff (12R)
October 15 Quarterly Report						
January 31 Year-End Report	(YE)	Election on	M M / D D	/		in the State of
July 31 Mid-Year Report (Non-elect Year Only) (MY)	POST:	y -Election t for the:	General (30G)	Rur	noff (30R)	Special (30S)
Termination Repo (TER)	rt	Election on	M = M / D = D	/ Y = Y =	Y	in the State of
5. Covering Period	07 01	2017		12 / 31	D / Y Y 20	17
I certify that I have examined			owledge and belief it	t is true, correc	ct and comple	ete.
Type or Print Name of Treasur	Smith, Stuart, H	, ,				
Signature of Treasurer	ith, Stuart, H, ,		[Electronically Filed]	Date	01 / 25	
NOTE: Submission of false, erro	neous, or incomplete	information may s	ubject the person sig	ning this Repor	t to the penalt	ies of 52 U.S.C. § 30109
Office Use						FORM 3X Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)	OF RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name		. 252 -
LOUISIANA TRUTH PAC		
		
Report Covering the Period: From: 07	7 01 / 2017 To	io: 12 / 31 / 2017
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2017		3143.37
(b) Cash on Hand at Beginning of Reporting Period	2720.87	
(c) Total Receipts (from Line 19)	7000.00	7000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	9720.87	10143.37
7. Total Disbursements (from Line 31)	3822.50	4245.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	5898.37	5898.37
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	10329.25	
This committee has qualified as a multicar	ndidate committee. (see FEC FORM 1M)	
F	For further information contact:	
	Federal Election Commission 999 E Street, NW Washington, DC 20463	
	Toll Free 800-424-9530	

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

LOUISIANA TRUTH PAC

Report Covering the Period: From: 07		o: 12 31 2017		
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
Contributions (other than loans) From:				
(a) Individuals/Persons Other				
Than Political Committees	7000.00			
(i) Itemized (use Schedule A)	7000.00	7000.00		
(ii) Heitemined	0.00	0.00		
(ii) Unitemized(iii) TOTAL (add	0.00	0.00		
Lines 11(a)(i) and (ii)	7000.00	7000.00		
Eines 11(a)(i) and (ii)	Apr. Apr. 100	45 45 45		
(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	7000.00	7000.00		
Totals to Line 33, page 5)▶	7000.00	7000.00		
Transfers From Affiliated/Other	0.00	0.00		
Party Committees	0.00	0.00		
All Loans Received	0.00	0.00		
All Loans Neceived	4 4	7 7 7		
Loan Repayments Received	0.00	0.00		
Offsets To Operating Expenditures	3	4 4		
(Refunds, Rebates, etc.)				
(Carry Totals to Line 37, page 5)	0.00	0.00		
Refunds of Contributions Made	4 4	45 45		
to Federal Candidates and Other				
Political Committees	0.00	0.00		
Other Federal Receipts				
(Dividends, Interest, etc.)	0.00	0.00		
Transfers from Non-Federal and Levin Funds				
(a) Non-Federal Account	0.00	0.00		
(from Schedule H3)	0.00	0.00		
(b) Lovin Fundo (from Cohodula US)	0.00	0.00		
(b) Levin Funds (from Schedule H5)	0.00	0.00		
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00		
(5) 15ta: Transisis (dad 15(d) dira 15(5))	4 4	4 4		
Total Receipts (add Lines 11(d),		7000		
12, 13, 14, 15, 16, 17, and 18(c))▶	7000.00	7000.00		
Total Federal Receipts				

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal		Calonidar Tour to Date		
	Activity (from Schedule H4)	0.00	0.00		
	(i) Federal Share	0.00	0.00		
	(ii) Non-Federal Share	0.00	0.00		
	(b) Other Federal Operating Expenditures	322.50	745.00		
	(c) Total Operating Expenditures		1 1 1 1 1 1 1 1 1		
_	(add 21(a)(i), (a)(ii), and (b))▶	322.50	745.00		
	Transfers to Affiliated/Other Party Committees	0.00	0.00		
3.	Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00		
ŀ.	Independent Expenditures	0.00			
5.	(use Schedule E)	0.00	0.00		
	(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00		
i.	Loan Repayments Made	0.00	0.00		
,	Loans Made	0.00	0.00		
	Refunds of Contributions To: (a) Individuals/Persons Other	0.00	0.00		
	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	0.00	0.00		
	(add Lines 28(a), (b), and (c))	0.00	0.00		
	Other Disbursements (Including				
	Non-Federal Donations)	3500.00	3500.00		
	Federal Election Activity (52 U.S.C. § 30101(20	0))			
	(a) Allocated Federal Election Activity	<i>''</i>			
	(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	2.00	0.00		
	(c) Total Federal Election Activity (add	0.00	0.00		
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00		
	Total Disbursements (add Lines 21(c), 22,				
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	3822.50	4245.00		
	Total Federal Disbursements				
	(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	2222			
	nom Line or j	3822.50	4245.00		

34. Total Contribution Refunds

38. Net Operating Expenditures

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5 **COLUMN A** COLUMN B III. Net Contributions/ **Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) 7000.00 7000.00 (from Line 11(d), page 3) 0.00 0.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 7000.00 7000.00 (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures 322.50 745.00 (add Line 21(a)(i) and Line 21(b))▶ 37. Offsets to Operating Expenditures 0.00 0.00 (from Line 15, page 3)..... 322.50 745.00 (subtract Line 37 from Line 36)

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

FOR LINE NUMBER: PAGE 6 OF Use separate schedule(s) for each category of the Detailed Summary Page

I OIT LINE INDIVIDEIT.						ITAGE	-	U	Oi		•
(check only one)											
	X	11a		11b		11c		12			
		13		14		15		16			17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Smith, Stuart, H,	or for commercial purposes, other than usin	g the name and address of any political committee	
Smith, Stuart, H, Mailing Address 100 S. Pointe Drive Suite 3304 City State State FEC ID number of contributing federal political committee. Name of Employer (for Individual) Transaction ID: SA11AL4353 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11AL4353 Amount of Each Receipt this Period Transaction ID: SA11AL4353 Amount of Each Receipt this Period Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11AL4353 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11AL4353 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11AL4353 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11AL4353 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11AL4353 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11AL4353 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11AL4353 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11AL4353 Amount of Each Receipt this Period Transaction ID: SA11AL4353 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11AL4353 Amount of Each Receipt this Period Transaction ID: SA11AL4353 Amount of Each Receipt this Period Transaction ID: SA11AL4353 Amount of Each Receipt this Period Transaction ID: SA11AL4353 Amount of Each Receipt this Period Transaction ID: SA11AL4353 Amount of Each Receipt this Period Transaction ID: SA11AL4353 Amount of Each Receipt this Period Transaction ID: SA11AL4353 Amount of Each Receipt this Period Transaction ID: SA11AL4353 Amount of Each Receipt this Period Transaction ID: SA11AL4353 Amount of Each Receipt this Period Transaction ID: SA11AL4353 Transaction ID: SA11AL4353 Amount of Each Receipt this Period Transaction ID: SA11AL4353 Transaction ID: SA11AL4353 Transaction ID: SA11AL4353 Transaction ID: SA11AL4553 Transaction	NAME OF COMMITTEE (In Full) LOUISIANA TRUTH PAC		
Suite 3304 City Miami State FEC ID number of contributing federal political committee. Name of Employer (for Individual) SmithStag, LLC Receipt For: Primary General Other (specify) Mailing Address City State Primary General Other (specify) Aggregate Year-to-Date C Aggregate Year-to-Date C Aggregate Year-to-Date C Amount of Each Receipt this Period Date of Receipt Amount of Each Receipt this Period Transaction ID: SA11AL4353 Amount of Each Receipt this Period Date of Receipt Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General Other (specify) Aggregate Year-to-Date Primary General Other (specify) Aggregate Year-to-Date Aggregate Year-to-Date Aggregate Year-to-Date Aggregate Year-to-Date Aggregate Year-to-Date Amount of Each Receipt this Period Date of Receipt Amount of Each Receipt this Period Each Receipt this Period Aggregate Year-to-Date Amount of Each Receipt this Period	Smith, Stuart, H, ,	le Initial) or Full Organization Name	
Amount of Each Receipt this Period FEC ID number of contributing dederal political committee. Name of Employer (for Individual) SmithStag, LLC Receipt For: General Other (specify) ▼ Aggregate Vear-to-Date ▼ Mailing Address Aggregate Vear-to-Date ▼ Memo Item Aggregate Vear-to-Date ▼	Suite 3304		
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name City State Zip Code Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Date of Receipt Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Aggregate Year-to-Date ▼ City State Zip Code Amount of Each Receipt this Period Amount of Each Receipt this Period Each Receipt for: Amount of Each Receipt this Period			
Name of Employer (for Individual) SmithStag, LLC Receipt For: Primary General Other (specify) ▼ Other (specify) ■ Other (specify) ▼ Other (specify) ■ Other (specif		1. 23138	Amount of Each Receipt this Period
SmithStag, LLC Receipt For:	· · · · · · · · · · · · · · · · · · ·	C	7000.00
Receipt For: Primary General Aggregate Year-to-Date ▼ 7000.00	Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
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Other (specify) ▼		Aggregate Year-to-Date ▼	
Date of Receipt Mailing Address City		7000.00	
City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt Amount of Each Receipt this Period Memo Item Date of Receipt Amount of Each Receipt this Period Full Name of Individual (Last, First, Middle Initial) or Full Organization Name City State Zip Code Amount of Each Receipt Amount of Each Receipt Amount of Each Receipt Amount of Each Receipt Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ Primary General Other (specify) SUBTOTAL of Receipts This Page (optional)	Full Name of Individual (Last, First, Midd	le Initial) or Full Organization Name	Date of Receipt
Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address City State Zip Code Amount of Each Receipt this Period Date of Receipt Amount of Each Receipt this Period C Amount of Each Receipt this Period Date of Receipt Mamount of Each Receipt Memo Item Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ Primary General Other (specify) SUBTOTAL of Receipts This Page (optional)	Mailing Address		−
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General Other (specify) ▼	City	State Zip Code	Amount of Each Receipt this Period
Receipt For: Primary General Other (specify) ▼		С	
Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ Subtotal of Receipts This Page (optional)	Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General Other (specify) SUBTOTAL of Receipts This Page (optional)	Primary General	Aggregate Year-to-Date ▼	
Mailing Address City State Zip Code FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General Other (specify) SUBTOTAL of Receipts This Page (optional) Primary General 7000.00	Full Name of Individual (Last, First, Midd	le Initial) or Full Organization Name	Date of Receipt
Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General Other (specify) Aggregate Year-to-Date SUBTOTAL of Receipts This Page (optional).	Mailing Address		<u> </u>
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7000 00	Primary General	Aggregate Year-to-Date ▼	
7000.00	SUBTOTAL of Receipts This Page (optional	al)	7000.00
TOTAL This Period (last page this line number only)		<u> </u>	7000.00

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SCHEDULE B (FEC Form 3X)	llee see	roto ochodula/s\	FOR LINE NUMBER:				I	PAGE	7 (OF 9		
ITEMIZED DISBURSEMENTS		rate schedule(s) category of the	(check only one) x 21b 22 23				, _	7 07				
		Summary Page			2 8b	23 28c	26		27 30b			
Any information copied from such Reports and Staten	nents may n	not he sold or use								tions		
or for commercial purposes, other than using the name												
NAME OF COMMITTEE (In Full)												
LOUISIANA TRUTH PAC												
Full Name (Last, First, Middle Initial)				D-	o of D	ichuras	mon*					
A. Burland & Maloy, LLC						isburser		- V -	V	V		
Mailing Address 742 North 5th Street		08 14 2017										
,	State	Zip Code		FE	C Iden	tification	Numb	oer				
Baton Rouge Purpose of Disbursement	LA	70802						-				
PAC Compliance and Report Filing Services			001		<u></u>			1015				
Candidate Name			Category/	Am		action I f Each I	_			Period		
			Type		•				-			
Office Sought: House Disbursen		Consest				7			247.5	OU .		
	Primary General Other (specify) ▼											
State: District:	J.1.01 (3p30				Memo	Item						
Full Name (Last, First, Middle Initial)												
В.				Da	e of D	isburser	nent					
Mailing Address	M	M = M / D = D / Y = Y = Y										
Mailing Address						-	_	-				
City	State	Zip Code		FF	C Iden	tification	Numh	oer				
Purpose of Disbursement												
i alpose of Dispulsement												
Candidate Name Category/						Amount of Each Disbursement this Period						
			Type		7 tilled it el Eddin Bibbareciniciit tille i elied							
Office Sought: House Disbursen	nent For: Primary	General							1 40			
State: District:	Other (spec	/!! y <i>]</i>			Memo	Item						
Full Name (Last, First, Middle Initial)												
C.				Da	e of D	isburser	ment					
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City	State	Zip Code		FE	C Iden	tification	Numb	oer				
Purpose of Disbursement							_	_				
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Candidate Name Category/						f Each I	Disbur	semer	nt this	Period		
Office Sought: House Disbursen	nont For:		Type					_	-			
	nent For: Primary	General			-	7						
	Other (spec				Mana							
State: District:				\perp \sqcup	Memo	item						
				T			_	_	-			
SUBTOTAL of Disbursements This Page (optional)			······································			7			247.	50		
TOTAL This Period (last page this line number only)									247.	50		

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SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 8 OF						
ITEMIZED DISBURSEMENTS		te schedule(s) tegory of the	(check onl						
		mmary Page	21b 28a	28b	23 26 27 28c x 29 30b				
Any information copied from such Reports and Staten	nents may not	he sold or use			A 1				
or for commercial purposes, other than using the nam									
NAME OF COMMITTEE (In Full)									
$ \; angle$ LOUISIANA TRUTH PAC									
Full Name (Leat First Middle Initial)									
Full Name (Last, First, Middle Initial) A. The Brylski Company				Date of D	risbursement				
	M M / D D / Y Y Y Y								
Mailing Address 3418 Coliseum Street				12	14 2017				
City	State Z	Zip Code							
City New Orleans		70115		FEC Ident	tification Number				
Purpose of Disbursement		1 100 1		С					
Mailer Design and Voter Contact List Creation in Co	nnection with i	Local State			saction ID : SB29.4360				
Candidate Name			Category/ Type	Amount o	f Each Disbursement this Period				
Office Sought: House Disbursen	nent For:		туре		3500.00				
	Primary	General		4 4					
	Other (specify	') ▼		Memo	tem				
State: District:									
Full Name (Last, First, Middle Initial) B.				Date of D	visbursement				
				M = M	/ D D / Y Y Y Y Y				
Mailing Address				1 L.J					
City	24-4-	7:a Oada							
City	State Z	Zip Code		FEC Ident	tification Number				
Purpose of Disbursement				С					
Condidate Nove									
Candidate Name			Category/ Type	Amount of Each Disbursement this Period					
Office Sought: House Disbursen	nent For:		Турс	1					
	Primary	,			4 4				
	Other (specify	')		Memo Item					
State: District:				_					
Full Name (Last, First, Middle Initial) C.				Date of D	risbursement				
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Mailing Address									
City	State Z	Zip Code							
City	Stato	ip code		FEC Ident	tification Number				
Purpose of Disbursement									
Candidate Name									
Candidate Name			Category/ Type	Amount o	f Each Disbursement this Period				
Office Sought: House Disbursen	nent For:		.,,,,	1					
	Primary	General			7				
	Other (specify	() ▼		Memo) Item				
State: District:									
SUBTOTAL of Disbursements This Page (optional)					3500.00				
(optional)				-	7 7 7				
TOTAL This Period (last page this line number only)					3500.00				

SCHEDULE C (FEC Form 3X) LOANS

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

PAGE 9 OF 9

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full) Transaction ID: SC/10.4221 LOUISIANA TRUTH PAC Election: **LOAN SOURCE** Full Name (Last, First, Middle Initial) Smith, Stuart, H, , Memo Item Primary General Mailing Address 100 S. Pointe Drive Other (specify) ▼ Suite 3304 City State ZIP Code 33139 Miami FL Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 10329.25 10329.25 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 17^D 11 2010 12/31/2010 0.00 X No **%** (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address City State ZIP Code Amount Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation ZIP Code City State Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City ZIP Code State Amount Guaranteed Outstanding: SUBTOTALS This Period This Page (optional)..... 10329.25 TOTALS This Period (last page in this line only)..... 10329.25 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.