

# 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 (12G)  
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 01 01 2011 through 06 30 2011

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 Stuart H Smith  
Signature of Treasurer Electronically Filed by Stuart H Smith Date 07 29 2011

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**  
Transaction ID :

TruthPAC is an Independent-Expenditures only PAC for FEC filing purposes; refer to Misc. Electronic Submission (Form 99) filed with FEC on August 11, 2010. -J. Burland, preparer.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
LOUISIANA TRUTH PAC

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		12102.87
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period .....	12102.87									
(c) Total Receipts (from Line 19) .....	15250.01	15250.01								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	27352.88	27352.88								
7. Total Disbursements (from Line 31) .....	26620.00	26620.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	732.88	732.88								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	10329.25									

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
LOUISIANA TRUTH PAC

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

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) .....	14250.01	14250.01
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	14250.01	14250.01
(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) .....	14250.01	14250.01
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
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 .....	1000.00	1000.00
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)) .....	15250.01	15250.01
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	15250.01	15250.01

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.....	26620.00	26620.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	26620.00	26620.00
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) .....	0.00	0.00
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))..	26620.00	26620.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26620.00	26620.00

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) .....	14250.01	14250.01
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	14250.01	14250.01
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	26620.00	26620.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	26620.00	26620.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 7 / 10</span>
	(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Stuart H Smith		Date of Receipt
	Mailing Address 100 S. Pointe Drive Suite 3304		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 1 / 0 1 / 2 0 1 1
	City	State	Zip Code
	Miami	FL	33139
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.4230
	C <input type="text"/>		Amount of Each Receipt this Period 11250.01
Name of Employer SmithStag, LLC		Occupation attorney	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 11250.01	

<b>B.</b>	Full Name (Last, First, Middle Initial) Stuart H Smith		Date of Receipt
	Mailing Address 100 S. Pointe Drive Suite 3304		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 1 3 / 2 0 1 1
	City	State	Zip Code
	Miami	FL	33139
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.4231
	C <input type="text"/>		Amount of Each Receipt this Period 3000.00
Name of Employer SmithStag, LLC		Occupation attorney	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 14250.01	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>14250.01</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>14250.01</b>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 10	
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15
		<input checked="" type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial) WDSU TV		Date of Receipt
Mailing Address 846 Howard Ave		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 0 1 / 2 0 1 1
City	State	Zip Code
New Orleans	LA	70113
FEC ID number of contributing federal political committee.		Transaction ID: SA16.4236
<input type="text"/> C		Amount of Each Receipt this Period
		<input type="text"/> 1000.00
Name of Employer	Occupation	refund of overpayment for services
Receipt For: 2012	Aggregate Year-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/> 1000.00	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	<input type="text"/> 1000.00
TOTAL This Period (last page this line number only) .....	<input type="text"/> 1000.00



**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)

PAGE 9 / 10

<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

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NAME OF COMMITTEE (In Full)  
LOUISIANA TRUTH PAC

A.

Full Name (Last, First, Middle Initial)  
Special Services Consulting

Transaction ID: SB21B.4232  
Date of Disbursement

Mailing Address POB 10340

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

City State Zip Code  
New Orleans LA 70181

Amount of Each Disbursement this Period

15000.00
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Purpose of Disbursement  
consulting and web design services

001
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Category/  
Type

Candidate Name  
LOUISIANA TRUTH PAC

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Special Services Consulting

Transaction ID: SB21B.4234  
Date of Disbursement

Mailing Address POB 10340

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	1	1

City State Zip Code  
New Orleans LA 70181

Amount of Each Disbursement this Period

11500.00
----------

Purpose of Disbursement  
consulting and web design services

001
-----

Category/  
Type

Candidate Name  
LOUISIANA TRUTH PAC

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ..... ►

26500.00
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TOTAL This Period (last page this line number only) ..... ►

26500.00
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**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/10.4221**

<b>LOAN SOURCE</b> 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
10329.25	0.00	10329.25

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:																
<table style="display: inline-table; border: 1px solid black;"> <tr><td>M</td><td>M</td></tr> <tr><td>1</td><td>1</td></tr> </table> <table style="display: inline-table; border: 1px solid black;"> <tr><td>D</td><td>D</td></tr> <tr><td>1</td><td>7</td></tr> </table> <table style="display: inline-table; border: 1px solid black;"> <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	1	1	D	D	1	7	Y	Y	Y	Y	2	0	1	0	12/31/2010	0.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
M	M																		
1	1																		
D	D																		
1	7																		
Y	Y	Y	Y																
2	0	1	0																

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input style="width: 100%;" type="text" value="10329.25"/>
<b>TOTALS</b> This Period (last page in this line only) .....	<input style="width: 100%;" type="text" value="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.