

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS
For 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
HELENA MORENO FOR CONGRESS

ADDRESS (number and street) PO BOX 58800
 Check if different than previously reported. (ACC)
NEW ORLEANS LA 70158

2. **FEC IDENTIFICATION NUMBER** C00451062
CITY **STATE** **ZIP CODE**
STATE DISTRICT
LA 02
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 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on 09 06 2008 in the State of LA
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period 07 01 2008 through 08 17 2008

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 WILLIAM VANDERBROOK

Signature of Treasurer Electronically Filed by WILLIAM VANDERBROOK Date 10 24 2008

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

HELENA MORENO FOR CONGRESS

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	8

D	D
1	7

Y	Y	Y	Y
2	0	0	8

	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)).....	34900.00	64800.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	34900.00	64800.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	85297.12	99161.28
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	85297.12	99161.28
8. Cash on Hand at Close of Reporting Period (from Line 27).....	16138.72	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	50500.00	

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

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name
HELENA MORENO FOR CONGRESS

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	8

D	D
1	7

Y	Y	Y	Y
2	0	0	8

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).....

31150.00

60600.00

(ii) Unitemized.....

3750.00

4200.00

(iii) TOTAL of contributions

34900.00

64800.00

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACS).....

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS (other than loans)

34900.00

64800.00

(add Lines 11(a)(iii), (b), (c), and (d))

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the Candidate.....

50000.00

50500.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

50000.00

50500.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

84900.00

115300.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	85297.12	99161.28
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. 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 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	85297.12	99161.28

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	16535.84
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	84900.00
25. SUBTOTAL (add Line 23 and Line 24).....	101435.84
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	85297.12
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	16138.72

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 30
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
HELENA MORENO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ALAN ALARIO

Mailing Address 400 HAMMOND HWY APT 3C

City State Zip Code
METAIRIE LA 70005-1392

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ALAN D ALARIO, INC CEO

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
08 / 11 / 2008

Transaction ID: SA11AI.4243

Amount of Each Receipt this Period
2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
GREGORY C BENSEL

Mailing Address 2413 STATE ST.

City State Zip Code
NEW ORLEANS LA 70118

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NEW ORLEANS SAINTS COMM. DIRECTOR

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
07 / 14 / 2008

Transaction ID: SA11AI.4175

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
DERRIN BERGERON

Mailing Address 9 WHITE BLVD

City State Zip Code
GRETNA LA 70053

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TOTAL MARINE SERVICES CONTROLLER

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
08 / 11 / 2008

Transaction ID: SA11AI.4247

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **3300.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 30
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
HELENA MORENO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
KAREN BOURGEOIS

Mailing Address **305 BARONNE ST. STE. 900**

City **NEW ORLEANS** State **LA** Zip Code **70112**

FEC ID number of contributing federal political committee. **C**

Name of Employer **KB REALTY** Occupation **CEO**

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **2300.00**

Date of Receipt MM / DD / YYYY
07 / 14 / 2008

Transaction ID: SA11AI.4173

Amount of Each Receipt this Period 2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
STEPHEN P BRUNO

Mailing Address **855 BARONNE ST.**

City **NEW ORLEANS** State **LA** Zip Code **70113**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF** Occupation **ATTORNEY**

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt MM / DD / YYYY
07 / 14 / 2008

Transaction ID: SA11AI.4177

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
IAN CAIN

Mailing Address **440 LOUISIANA #530**

City **HOUSTON** State **LA** Zip Code **77002**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF** Occupation **ATTORNEY**

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **750.00**

Date of Receipt MM / DD / YYYY
08 / 15 / 2008

Transaction ID: SA11AI.4293

Amount of Each Receipt this Period 750.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) 4050.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
HELENA MORENO FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) DIONNE CHOUEST		Date of Receipt
	Mailing Address P.O. BOX 310		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 08 / 15 / 2008
	City	State	Zip Code
	GALLIANO	LA	70354
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer GALLIANO MARINE SERVICE, LLC		Occupation ATTORNEY	Transaction ID: SA11AI.4396
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Amount of Each Receipt this Period <input type="text"/> 2300.00
		<input type="text"/> 2300.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.	Full Name (Last, First, Middle Initial) FRANK DEUS		Date of Receipt
	Mailing Address 85 TUPELO TRACE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 08 / 15 / 2008
	City	State	Zip Code
	MANDEVILLE	LA	70471
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer SELF		Occupation DOCTOR	Transaction ID: SA11AI.4261
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Amount of Each Receipt this Period <input type="text"/> 500.00
		<input type="text"/> 500.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.	Full Name (Last, First, Middle Initial) GREGORY P DILEO		Date of Receipt
	Mailing Address 300 LAFAYETTE ST., SUITE 101		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 07 / 28 / 2008
	City	State	Zip Code
	NEW ORLEANS	LA	70130-3289
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer SELF		Occupation ATTORNEY	Transaction ID: SA11AI.4221
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Amount of Each Receipt this Period <input type="text"/> 1000.00
		<input type="text"/> 1000.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 3800.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
HELENA MORENO FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) TIMOTHY ELLENDER, JR	Date of Receipt MM / DD / YYYY 08 / 15 / 2008
	Mailing Address 254 BARROW ST	Transaction ID: SA11AI.4280
	City HOUMA State LA Zip Code 70360	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer SELF Occupation ATTORNEY		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) FMT GROUP, LLC	Date of Receipt MM / DD / YYYY 07 / 28 / 2008
	Mailing Address 2323 MCCUE RD #1605	Transaction ID: SA11AI.4219
	City HOUSTON State TX Zip Code 77056	Amount of Each Receipt this Period 2300.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

C.	Full Name (Last, First, Middle Initial) FELIX MORENO	Date of Receipt MM / DD / YYYY 07 / 28 / 2008
	Mailing Address 811 CREEKWOOD WAY	Transaction ID: SA11AI.4219.0
	City HOUSTON State TX Zip Code 77024	Amount of Each Receipt this Period 2300.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM]
Name of Employer FMT GROUP Occupation PARTNER		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

SUBTOTAL of Receipts This Page (optional)	▶	3300.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
HELENA MORENO FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) ASHLEY FRANCIS		Date of Receipt
	Mailing Address 1015 PENNISTON ST		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 14 / 2008
	City	State	Zip Code
	NEW ORLEANS	LA	70115
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4165
Name of Employer HOMEMAKER		Occupation HOMEMAKER	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 1000.00
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.	Full Name (Last, First, Middle Initial) MATTHEW FRENCH		Date of Receipt
	Mailing Address 6025 CHESTNUT STREET		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 11 / 2008
	City	State	Zip Code
	NEW ORLEANS	LA	70118
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4245
Name of Employer SELF		Occupation DOCTOR	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 2000.00
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.	Full Name (Last, First, Middle Initial) Brian Gibbs		Date of Receipt
	Mailing Address 825 Lafayette Street Loft 4		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 01 / 2008
	City	State	Zip Code
	New Orleans	LA	70113
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4223
Name of Employer GIBBS DEVELOPMENT		Occupation REAL ESTATE	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 2000.00
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 5000.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 30
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	11d
<input type="checkbox"/>	12	<input type="checkbox"/>	13a	<input type="checkbox"/>	13b	<input type="checkbox"/>	14
							15

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NAME OF COMMITTEE (In Full)
HELENA MORENO FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
ANTONIO D GONZALEZ

Mailing Address **5140 CHEVY CHASE DR.**

City **HOUSTON** State **TX** Zip Code **77056-4323**

FEC ID number of contributing federal political committee. **C**

Name of Employer **VEXA PARK, LLC** Occupation **MANAGER**

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **2300.00**

Date of Receipt **07 / 28 / 2008**

Transaction ID: SA11AI.4217

Amount of Each Receipt this Period **2300.00**

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
RICHARD M. HANEY, JR

Mailing Address **305 PINEHURST WAY**

City **CARROLLTON** State **GA** Zip Code **30116**

FEC ID number of contributing federal political committee. **C**

Name of Employer **HANEY DEVELOPMENT** Occupation **CEO**

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1500.00**

Date of Receipt **07 / 14 / 2008**

Transaction ID: SA11AI.4167

Amount of Each Receipt this Period **1500.00**

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
HURWITZ MINTZ

Mailing Address **1751 AIRLINE DR**

City **METAIRIE** State **LA** Zip Code **70001-7206**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **500.00**

Date of Receipt **08 / 11 / 2008**

Transaction ID: SA11AI.4240

Amount of Each Receipt this Period **500.00**

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **4300.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 30
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
HELENA MORENO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CHRISTIE MINTZ

Mailing Address 1743 MIRABEAU AVE

City State Zip Code
NEW ORLEANS LA 70122

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HERWITZ MINTZ OWNER

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
08 / 11 / 2008

Transaction ID: SA11AI.4240.0

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
LOUISIANA ENTERTAINMENT AND PRODUCTION, LLC

Mailing Address 1100 POYDRAS STREET SUITE 2810

City State Zip Code
NEW ORLEANS LA 70163-2810

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
08 / 15 / 2008

Transaction ID: SA11AI.4282

Amount of Each Receipt this Period
300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
PATRICK CALHOUN

Mailing Address 1100 POYDRAS ST SUITE 2810

City State Zip Code
NEW ORLEANS LA 70163

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
LA ENTERTAINMENT & PRODUCTION PARTNER

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
08 / 15 / 2008

Transaction ID: SA11AI.4282.0

Amount of Each Receipt this Period
300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) ▶ **300.00**

TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
HELENA MORENO FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) E. RALPH LUPIN		Date of Receipt MM / DD / YYYY 08 / 11 / 2008
	Mailing Address 828 CHARTRES ST		Transaction ID: SA11AI.4229
	City NEW ORLEANS	State LA	Zip Code 70116
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer SELF	Occupation DOCTOR	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

B.	Full Name (Last, First, Middle Initial) KRISTY MCKEARN		Date of Receipt MM / DD / YYYY 08 / 13 / 2008
	Mailing Address 2912 MCILHENNY DRIVE		Transaction ID: SA11AI.4399
	City BATON ROUGE	State LA	Zip Code 70809
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer BATON ROUGE AREA CHAMBER	Occupation SVP, GOVERNMENTAL AFFAIRS	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

C.	Full Name (Last, First, Middle Initial) CAROLYN A MCNABB		Date of Receipt MM / DD / YYYY 07 / 14 / 2008
	Mailing Address 281 SUGAR HIGHLAND BLVD.		Transaction ID: SA11AI.4169
	City HOUMA	State LA	Zip Code 70360
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2300.00
	Name of Employer MCNABB & ASSOC.	Occupation ATTORNEY	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00		

SUBTOTAL of Receipts This Page (optional)	▶	3300.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 30
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
HELENA MORENO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SAMUEL STEWART

Mailing Address P.O. BOX 2513

City State Zip Code
NEW ORLEANS LA 70176-2513

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF REAL ESTATE DEVELOPER

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
08 / 15 / 2008

Transaction ID: SA11AI.4273

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
WILLIAM TAYLOR

Mailing Address 4002 N. CRESTHAVEN

City State Zip Code
DALLAS TX 75209

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CYPRESS WEALTH MANAGEMENT WEALTH MANAGER

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
08 / 15 / 2008

Transaction ID: SA11AI.4407

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
JASON WAGUESPACK

Mailing Address 4868 CONSTANCE ST

City State Zip Code
NEW ORLEANS LA 70115

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GALLOWAY, JOHNSON ATTORNEY

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
08 / 11 / 2008

Transaction ID: SA11AI.4252

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 30

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	11d
<input type="checkbox"/>	12	<input type="checkbox"/>	13a	<input type="checkbox"/>	13b	<input type="checkbox"/>	14
							<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
HELENA MORENO FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
RAY WOOLDRIDGE

Mailing Address 234 CAILLAVET ST., STE. 100

City	State	Zip Code
BILOXI	MS	39530

FEC ID number of contributing federal political committee. **C**

Name of Employer RW DEVELOPMENT	Occupation REAL ESTATE DEVELOPER
------------------------------------	-------------------------------------

Receipt For: 2008

Primary General

Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 14 / 2008

Transaction ID: SA11AI.4171

Amount of Each Receipt this Period

2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

2300.00

TOTAL This Period (last page this line number only)

31150.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 30
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
HELENA MORENO FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
HELENA MORENO

Mailing Address 547 BARONNE ST

City State Zip Code
NEW ORLEANS LA 70113

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
50000.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 11 / 2008

Transaction ID: SA13A.4383

Amount of Each Receipt this Period
50000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	50000.00
TOTAL This Period (last page this line number only)	▶	50000.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
HELENA MORENO FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) ACTBLUE</p> <p>Mailing Address P.O. BOX 382110</p> <p>City CAMBRIDGE State MA Zip Code 02238-2110</p> <p>Purpose of Disbursement CREDIT CARD FEES</p> <p>Candidate Name HELENA MORENO FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 02</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4398</p> <p>Date of Disbursement 08 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 137.27</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) APARICIO WALKER & SEELING, INC</p> <p>Mailing Address 4501 NAPOLEON AVE SUITE 200</p> <p>City METAIRIE State LA Zip Code 70001</p> <p>Purpose of Disbursement INSURANCE</p> <p>Candidate Name HELENA MORENO FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 02</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4306</p> <p>Date of Disbursement 07 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 1080.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) ARTVERTISING, INC</p> <p>Mailing Address 1911 MAGAZINE ST</p> <p>City NEW ORLEANS State LA Zip Code 70130</p> <p>Purpose of Disbursement PRINTING</p> <p>Candidate Name HELENA MORENO FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 02</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4312</p> <p>Date of Disbursement 07 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 4421.59</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)	5638.86
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
HELENA MORENO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BUISSON CREATIVE STRATEGIES

Mailing Address 3330 N CAUSEWAY BLVD

City METAIRIE State LA Zip Code 70002

Purpose of Disbursement
TV AD

003
Category/
Type

Candidate Name
HELENA MORENO FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: LA District: 02

Transaction ID: SB17.4363
Date of Disbursement

08 / 12 / 2008

Amount of Each Disbursement this Period

6410.85

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
BUISSON CREATIVE STRATEGIES

Mailing Address 3330 N CAUSEWAY BLVD

City METAIRIE State LA Zip Code 70002

Purpose of Disbursement
PRINTING

003
Category/
Type

Candidate Name
HELENA MORENO FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: LA District: 02

Transaction ID: SB17.4370
Date of Disbursement

08 / 12 / 2008

Amount of Each Disbursement this Period

1500.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
CBS OUTDOOR

Mailing Address 955 CENTRAL AVE

City METAIRIE State LA Zip Code 70001

Purpose of Disbursement
BILLBOARD

003
Category/
Type

Candidate Name
HELENA MORENO FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: LA District: 02

Transaction ID: SB17.4322
Date of Disbursement

07 / 15 / 2008

Amount of Each Disbursement this Period

8325.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

16235.85

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
HELENA MORENO FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) CRYSTAL CLEAR IMAGING Mailing Address 1401 EDWARDS AVE City JEFFERSON State LA Zip Code 70123 Purpose of Disbursement BILLBOARD Candidate Name HELENA MORENO FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 02 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4320 Date of Disbursement 07 / 15 / 2008 Amount of Each Disbursement this Period 950.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) KRISTEN DESPOMMIER Mailing Address 445 EAST HONORS PT. CT. City SLIDELL State LA Zip Code 70458 Purpose of Disbursement MAKE-UP FOR TV AD Candidate Name HELENA MORENO FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 02 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4339 Date of Disbursement 08 / 07 / 2008 Amount of Each Disbursement this Period 300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) KRISTEN DESPOMMIER Mailing Address 445 EAST HONORS PT. CT. City SLIDELL State LA Zip Code 70458 Purpose of Disbursement MAKE-UP FOR TV AD Candidate Name HELENA MORENO FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 02 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4341 Date of Disbursement 08 / 07 / 2008 Amount of Each Disbursement this Period 352.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

1603.10

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
HELENA MORENO FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) SAND FRADELLA			Transaction ID: SB17.4328		
	Mailing Address 3400 SQUIRE WOOD DR NORTH			Date of Disbursement 07 / 28 / 2008		
	City HARVEY	State LA	Zip Code 70058	Amount of Each Disbursement this Period 2000.00		
	Purpose of Disbursement RENT		Category/ Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
Candidate Name HELENA MORENO FOR CONGRESS		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: LA		District: 02				
B.	Full Name (Last, First, Middle Initial) SAND FRADELLA			Transaction ID: SB17.4330		
	Mailing Address 3400 SQUIRE WOOD DR NORTH			Date of Disbursement 07 / 28 / 2008		
	City HARVEY	State LA	Zip Code 70058	Amount of Each Disbursement this Period 2000.00		
	Purpose of Disbursement RENT		Category/ Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
Candidate Name HELENA MORENO FOR CONGRESS		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: LA		District: 02				
C.	Full Name (Last, First, Middle Initial) FREEMAN AUDIO VISUAL			Transaction ID: SB17.4314		
	Mailing Address 300 JEFFERSON HWY SUITE 601			Date of Disbursement 07 / 07 / 2008		
	City NEW ORLEANS	State LA	Zip Code 70121	Amount of Each Disbursement this Period 2869.06		
	Purpose of Disbursement FUNDRAISING COSTS		Category/ Type 003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
Candidate Name HELENA MORENO FOR CONGRESS		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: LA		District: 02				

SUBTOTAL of Disbursements This Page (optional) ►

6869.06

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
HELENA MORENO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
FREEMAN AUDIO VISUAL

Mailing Address 300 JEFFERSON HWY SUITE 601

City NEW ORLEANS State LA Zip Code 70121

Purpose of Disbursement FUNDRAISING COSTS Category/Type **003**

Candidate Name HELENA MORENO FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: LA District: 02

Transaction ID: SB17.4364
Date of Disbursement: 08 / 12 / 2008

Amount of Each Disbursement this Period: 2582.58

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
GARRITY PRINTING

Mailing Address 109 RESEARCH DR

City HARAHAN State LA Zip Code 70123

Purpose of Disbursement PRINTING Category/Type **001**

Candidate Name HELENA MORENO FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: LA District: 02

Transaction ID: SB17.4366
Date of Disbursement: 08 / 12 / 2008

Amount of Each Disbursement this Period: 804.97

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
GEOFFREY GREEN

Mailing Address 152 GARNDE MAISON BLVD

City MANDEVILLE State LA Zip Code 70471

Purpose of Disbursement CONSULTING Category/Type **001**

Candidate Name HELENA MORENO FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: LA District: 02

Transaction ID: SB17.4371
Date of Disbursement: 08 / 15 / 2008

Amount of Each Disbursement this Period: 1250.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ► **4637.55**

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
HELENA MORENO FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) JONESCO MEDIA</p> <p>Mailing Address 201 ST. CHARLES AVE SUITE 114-275</p> <p>City NEW ORLEANS State LA Zip Code 70170</p> <p>Purpose of Disbursement CONSULTING</p> <p>Candidate Name HELENA MORENO FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 02</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4375</p> <p>Date of Disbursement 08 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 2750.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) LA SECRETARY OF STATE</p> <p>Mailing Address PO BOX 94125</p> <p>City BATON ROUGE State LA Zip Code 70804</p> <p>Purpose of Disbursement QUALIFYING FEE</p> <p>Candidate Name HELENA MORENO FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 02</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4316</p> <p>Date of Disbursement 07 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 900.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) MR. MUDBUG</p> <p>Mailing Address 131 23RD ST</p> <p>City KENNER State LA Zip Code 70062</p> <p>Purpose of Disbursement FUNDRAISING COSTS</p> <p>Candidate Name HELENA MORENO FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 02</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4308</p> <p>Date of Disbursement 07 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 600.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4250.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
HELENA MORENO FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) NEWSWATCH 15</p> <p>Mailing Address 1024 RAMPART ST</p> <p>City NEW ORLEANS State LA Zip Code 70116</p> <p>Purpose of Disbursement TV AD</p> <p>Candidate Name HELENA MORENO FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 02</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4356</p> <p>Date of Disbursement 08 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 2005.15</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) OFFICE DEPOT</p> <p>Mailing Address 1429 ST. CHARLES AVE</p> <p>City NEW ORLEANS State LA Zip Code 70130</p> <p>Purpose of Disbursement PRINTER</p> <p>Candidate Name HELENA MORENO FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 02</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4335</p> <p>Date of Disbursement 08 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 559.98</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) OFFICE DEPOT</p> <p>Mailing Address 1429 ST. CHARLES AVE</p> <p>City NEW ORLEANS State LA Zip Code 70130</p> <p>Purpose of Disbursement SUPPLIES</p> <p>Candidate Name HELENA MORENO FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 02</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4337</p> <p>Date of Disbursement 08 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 215.89</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2781.02

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
HELENA MORENO FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) OFFICE DEPOT Mailing Address 1429 ST. CHARLES AVE City NEW ORLEANS State LA Zip Code 70130 Purpose of Disbursement SUPPLIES Candidate Name HELENA MORENO FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 02 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4351 Date of Disbursement 08 / 08 / 2008 Amount of Each Disbursement this Period 106.17 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) PLANETGUIDE.COM INC Mailing Address 2312 METAIRIE RD, SUITE A City METAIRIE State LA Zip Code 70001 Purpose of Disbursement WEB SITE Candidate Name HELENA MORENO FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 02 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4326 Date of Disbursement 07 / 17 / 2008 Amount of Each Disbursement this Period 2599.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) RICK OLIVIER PHOTOGRAPHY Mailing Address 601 N. ST. PATRICK ST. City NEW ORLEANS State LA Zip Code 70119 Purpose of Disbursement PHOTOS Candidate Name HELENA MORENO FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 02 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4310 Date of Disbursement 07 / 03 / 2008 Amount of Each Disbursement this Period 600.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	3306.12
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
HELENA MORENO FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) SCRIPTURA</p> <p>Mailing Address 5423 MAGAZINE ST</p> <p>City NEW ORLEANS State LA Zip Code 70115</p> <p>Purpose of Disbursement PRINTING</p> <p>Candidate Name HELENA MORENO FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 02</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4368</p> <p>Date of Disbursement 08 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 250.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) UNION PASSENGER TERMINAL</p> <p>Mailing Address 1001 LOYOLA AVE</p> <p>City NEW ORLEANS State LA Zip Code 70113</p> <p>Purpose of Disbursement FUNDRAISING COSTS</p> <p>Candidate Name HELENA MORENO FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 02</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4365</p> <p>Date of Disbursement 08 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 538.30</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) WDSU-TV</p> <p>Mailing Address 846 HOWARD AVE</p> <p>City NEW ORLEANS State LA Zip Code 70113</p> <p>Purpose of Disbursement TV AD</p> <p>Candidate Name HELENA MORENO FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 02</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4354</p> <p>Date of Disbursement 08 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 850.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1638.30

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
HELENA MORENO FOR CONGRESS

A. Full Name (Last, First, Middle Initial) WDSU-TV Mailing Address 846 HOWARD AVE City NEW ORLEANS State LA Zip Code 70113 Purpose of Disbursement TV AD Candidate Name HELENA MORENO FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 02 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4358 Date of Disbursement 08 / 12 / 2008
	Amount of Each Disbursement this Period 10030.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) WDSU-TV Mailing Address 846 HOWARD AVE City NEW ORLEANS State LA Zip Code 70113 Purpose of Disbursement TV AD Candidate Name HELENA MORENO FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 02 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4377 Date of Disbursement 08 / 15 / 2008
	Amount of Each Disbursement this Period 1700.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) WVUE TV Mailing Address 1025 JEFFERSON DAVIS PKWY City NEW ORLEANS State LA Zip Code 70125 Purpose of Disbursement TV AD Candidate Name HELENA MORENO FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 02 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4359 Date of Disbursement 08 / 12 / 2008
	Amount of Each Disbursement this Period 9728.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

21458.25

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 27 / 30

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
HELENA MORENO FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
WWL TV

Mailing Address 1024 RAMPART ST

City State Zip Code
NEW ORLEANS LA 70116

Purpose of Disbursement
TV AD

Candidate Name
HELENA MORENO FOR CONGRESS

Office Sought: House
 Senate
 President
State: LA District: 02

Disbursement For: 2008
 Primary General
 Other (specify) ▼

003
Category/
Type

Transaction ID: SB17.4361
Date of Disbursement

08 / 12 / 2008

Amount of Each Disbursement this Period

14564.75

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

14564.75

TOTAL This Period (last page this line number only)

84819.46

SCHEDULE C (FEC Form 3)

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

FOR LINE NUMBER: (check only one) 13a 13b

LOANS

NAME OF COMMITTEE (In Full)
HELENA MORENO FOR CONGRESS

Transaction ID: SC/10.4157

LOAN SOURCE Full Name (Last, First, Middle Initial) HELENA MORENO FOR CONGRESS - [PERSONAL FUNDS]	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 58800	
City NEW ORLEANS State LA ZIP Code 70158	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
500.00	0.00	500.00

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>0</td><td>5</td></tr> </table> <table style="display: inline-table; border: 1px solid black;"> <tr><td>D</td><td>D</td></tr> <tr><td>3</td><td>0</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>0</td><td>8</td></tr> </table>	M	M	0	5	D	D	3	0	Y	Y	Y	Y	2	0	0	8	DEMAND	0.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
M	M																		
0	5																		
D	D																		
3	0																		
Y	Y	Y	Y																
2	0	0	8																

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"/>

SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="500.00"/>
TOTALS This Period (last page in this line only)	<input style="width: 100%;" type="text" value=".00"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 29 / 30
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

LOANS

NAME OF COMMITTEE (In Full)
 HELENA MORENO FOR CONGRESS

Transaction ID: SC/10.4383

LOAN SOURCE Full Name (Last, First, Middle Initial) HELENA MORENO	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 547 BARONNE ST	
City NEW ORLEANS State LA ZIP Code 70113	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	0.00	50000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 08 D D 11 Y Y Y Y 2008	11/09/2008	7.00 % (apr)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

SUBTOTALS This Period This Page (optional)	50000.00
TOTALS This Period (last page in this line only)	50500.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C-1 (FEC Form 3)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Supplementary for
 Information found on
 Page 30 / 30 of Schedule C

Name of Committee (in Full) HELENA MORENO FOR CONGRESS		FEC IDENTIFICATION NUMBER C00451062	
Back Ref ID: SC/10.4383			
LENDING INSTITUTION (LENDER) Full Name FIRST BANK & TRUST		Amount of Loan 50000.00	Interest Rate (APR) 7.00 %
Mailing Address 547 BARONNE ST		Date Incurred or Established 08 11 2008	
City NEW ORLEANS	State LA	Zip Code 70113	Date Due 11/09/2008
A. Has loan been restructured? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred : _____			
B. If line of credit, Amount of this Draw: _____ .00		Total Outstanding balance : _____ .00	
C. Are other parties secondarily liable for the debt incurred? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Sch. C)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, specify: _____ <u>EGF PARTNERS</u>		What is the value of this collateral? 200000.00 Does the lender have a perfected security interest in it? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the estimated value? 0.00	
A depository account must be established pursuant to 11 CFR 100.82 and 100.142. Date account established: _____		Location of account Address: _____ City, State, Zip: _____	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER Typed Name WILLIAM VANDERBROOK Signature _____		DATE 10 24 2008	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of this loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name PETER D ROBINSON Signature _____		DATE 08 21 2008	
		Title RELATIONSHIP MGR	