

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**
3. IS THIS REPORT NEW (N) OR AMENDED (A)
LA 02

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 [] [] [] in the State of []
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [] [] [] in the State of []

5. Covering Period 09 15 2008 through 09 30 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: To:

| | 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))..... | 30150.00 | 157775.00 |
| (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))..... | 30150.00 | 157775.00 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17)..... | 37131.73 | 201392.70 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 97.75 | 97.75 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 37033.98 | 201294.95 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 6980.05 | |
| 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

Write or Type Committee Name
HELENA MORENO FOR CONGRESS

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 9 |

| | |
|---|---|
| D | D |
| 1 | 5 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To:

| | |
|---|---|
| M | M |
| 0 | 9 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| 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 | 29200.00 | 149150.00 |
| (i) Itemized (use Schedule A)..... | 950.00 | 6625.00 |
| (ii) Unitemized..... | 30150.00 | 155775.00 |
| (iii) TOTAL of contributions from individuals..... ▶ | 0.00 | 0.00 |
| (b) Political Party Committees..... | 0.00 | 2000.00 |
| (c) Other Political Committees (such as PACS)..... | 0.00 | 0.00 |
| (d) The Candidate..... | 30150.00 | 157775.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)) | 0.00 | 0.00 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES..... | 0.00 | 0.00 |
| 13. LOANS | | |
| (a) Made or Guaranteed by the Candidate..... | 0.00 | 50500.00 |
| (b) All Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOANS (add Lines 13(a) and (b))..... | 0.00 | 50500.00 |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)..... | 97.75 | 97.75 |
| 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)..... ▶ | 30247.75 | 208372.75 |

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

| | | |
|--|----------|-----------|
| 17. OPERATING EXPENDITURES..... | 37131.73 | 201392.70 |
| 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) ▶ | 37131.73 | 201392.70 |

III. CASH SUMMARY

| | |
|---|----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 13864.03 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3)..... | 30247.75 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 44111.78 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 37131.73 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 6980.05 |

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

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

FOR LINE NUMBER: PAGE 5 / 21
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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)
HELENA MORENO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ANDRY LAW FIRM, LLC

Mailing Address **610 BARONNE STREET**

City **NEW ORLEANS** State **LA** Zip Code **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 ▼ 2300.00

Date of Receipt 09 / 22 / 2008
Transaction ID: SA11AI.4651
 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)
JOHN ANDRY

Mailing Address **610 BARONNE STREET**

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

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
ANDRY LAW FIRM, LLC **ATTORNEY**

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt 09 / 22 / 2008
Transaction ID: SA11AI.4651.0
 Amount of Each Receipt this Period 2300.00

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

C. Full Name (Last, First, Middle Initial)
DANIEL E BECNEL, JR

Mailing Address **P.O. DRAWER H**

City **RESERVE** State **LA** Zip Code **70084**

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
SELF **ATTORNEY**

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 09 / 25 / 2008
Transaction ID: SA11AI.4681
 Amount of Each Receipt this Period 2000.00

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: (check only one) | PAGE 6 / 21 |
| | <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 |

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)
HELENA MORENO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CAROLYN CHOUEST

Mailing Address P.O. BOX 310

City State Zip Code
GALLIANO LA 70354

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

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

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 29 / 2008

Transaction ID: SA11AI.4718

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)
GARY CHOUEST

Mailing Address P.O. BOX 310

City State Zip Code
GALLIANO LA 70354

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

Name of Employer Occupation
EDDISON CHOUEST PRESIDENT

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

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 29 / 2008

Transaction ID: SA11AI.4716

Amount of Each Receipt this Period
2300.00

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

C. Full Name (Last, First, Middle Initial)
JOHN COALE

Mailing Address 500 N OSCEOLA AVE PH-C

City State Zip Code
CLEARWATER FL 33755

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

Name of Employer Occupation
COALE, COOLEY, AND LIETZ ATTORNEY

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

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 22 / 2008

Transaction ID: SA11AI.4658

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **6600.00**

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 7 / 21

(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 |

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)
HELENA MORENO FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
DANIEL O CONWILL, IV

Mailing Address 70 AUDUBON BLVD

City State Zip Code
NEW ORLEANS LA 70118

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
JEFFRIES & COMPANY INVESTMENTS

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 29 / 2008

Transaction ID: SA11AI.4724

Amount of Each Receipt this Period
1000.00

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

B.

Full Name (Last, First, Middle Initial)
ALTON DOODY

Mailing Address 7409 INDIAN GARDEN RD

City State Zip Code
PETOSKEY MI 49770

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
BEST EFFORTS BEST EFFORTS

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 25 / 2008

Transaction ID: SA11AI.4677

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)
FRANK C DUDENHEFER, JR

Mailing Address 1411 HENRY CLAY AVE

City State Zip Code
NEW ORLEANS LA 70118

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
SELF ATTORNEY

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

2300.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 22 / 2008

Transaction ID: SA11AI.4657

Amount of Each Receipt this Period
1300.00

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: (check only one) | PAGE 8 / 21 |
| | <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 |

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)
HELENA MORENO FOR CONGRESS

| | | |
|---|---|---|
| A. | Full Name (Last, First, Middle Initial) CALVIN FAYARD, III | Date of Receipt MM / DD / YYYY 09 / 22 / 2008 |
| | Mailing Address 1310 ARABELLA ST | Transaction ID: SA11AI.4655 |
| | City State Zip Code NEW ORLEANS LA 70115 | Amount of Each Receipt this Period 500.00 |
| | 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 FAYARD & HONEYCUTT ATTORNEY | |
| Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1100.00 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) CALVIN FAYARD, III | Date of Receipt MM / DD / YYYY 09 / 22 / 2008 |
| | Mailing Address 1310 ARABELLA ST | Transaction ID: SA11AI.4663 |
| | City State Zip Code NEW ORLEANS LA 70115 | Amount of Each Receipt this Period 1200.00 |
| | 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 FAYARD & HONEYCUTT ATTORNEY | |
| 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) CATHRYN CAROLINE FAYARD | Date of Receipt MM / DD / YYYY 09 / 22 / 2008 |
| | Mailing Address P.O. BOX 13731 | Transaction ID: SA11AI.4661 |
| | City State Zip Code NEW ORLEANS LA 70185 | 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 FAYARD & HONEYCUTT ATTORNEY | |
| 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) | ▶ | 4000.00 |
| 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 9 / 21
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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)
HELENA MORENO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
FRANCES FAYARD

Mailing Address **5809 ST. CHARLES AVE**

City **NEW ORLEANS** State **LA** Zip Code **70115**

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **2300.00**

Date of Receipt **09 / 22 / 2008**
Transaction ID: SA11AI.4660
 Amount of Each Receipt this Period **300.00**

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

B. Full Name (Last, First, Middle Initial)
JOHN M FOX

Mailing Address **1126 WASHINGTON AVE**

City **NEW ORLEANS** State **LA** Zip Code **70130**

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

Name of Employer **SELF** Occupation **INVESTMENTS**

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1500.00**

Date of Receipt **09 / 22 / 2008**
Transaction ID: SA11AI.4642
 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)
RAMONA B GUIDRY

Mailing Address **P.O. BOX 616**

City **GALLIANO** State **LA** Zip Code **70354**

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

Name of Employer **GIS, INC.** Occupation **ADMIN-OPERATIONS ASSISTANT**

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **2300.00**

Date of Receipt **09 / 22 / 2008**
Transaction ID: SA11AI.4640
 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) ► **4100.00**

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 10 / 21
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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)
HELENA MORENO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DENNIS PATRICK LAUSCHA

Mailing Address 1221 FIRST STREET

City State Zip Code
NEW ORLEANS LA 70130

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

Name of Employer Occupation
BEST EFFORTS BEST EFFORTS

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

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 22 / 2008

Transaction ID: SA11AI.4645

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)
ELLEN MCGINCHEY

Mailing Address 16 ROSA PARK

City State Zip Code
NEW ORLEANS LA 70115

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

Name of Employer Occupation
HOUSEWIFE HOUSEWIFE

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

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 29 / 2008

Transaction ID: SA11AI.4726

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)
MICHAEL MCGUIRE

Mailing Address 4700 TCHOUPITOULAS

City State Zip Code
NEW ORLEANS LA 70115

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

Name of Employer Occupation
TRIPLE NET LEASE REAL ESTATE INVESTOR

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

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 25 / 2008

Transaction ID: SA11AI.4683

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) ► **3100.00**

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 12 / 21 |
| | (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 |

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)
HELENA MORENO FOR CONGRESS

A.

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) KEN LOBELL | | Date of Receipt MM / DD / YYYY 09 / 22 / 2008 |
| Mailing Address 473 WALNUT ST | | Transaction ID: SA11AI.4647.0 |
| City NEW ORLEANS | State LA | Zip Code 70118 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 500.00 | |
| Name of Employer SB LOBELL DEVELOPMENT, LLC | Occupation PARTNER | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM] |
| 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) GEORGE VAN WORMER | | Date of Receipt MM / DD / YYYY 09 / 29 / 2008 |
| Mailing Address 2850 MANHATTAN BLVD STE A | | Transaction ID: SA11AI.4720 |
| City HARVEY | State LA | Zip Code 70058 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 500.00 | |
| Name of Employer SELF | Occupation CHIROPRACTOR | <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 | |

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional) | 500.00 |
| TOTAL This Period (last page this line number only) | 29200.00 |

**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)

PAGE 13 / 21

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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 |

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)
HELENA MORENO FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
ACTBLUE

Transaction ID: SB17.4692
Date of Disbursement

Mailing Address P.O. BOX 382110

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 2 | 5 | | 2 | 0 | 0 | 8 |

City State Zip Code
CAMBRIDGE MA 02238-2110

Amount of Each Disbursement this Period

| |
|-------|
| 13.83 |
|-------|

Purpose of Disbursement
CREDIT CARD FEES

001
Category/
Type

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

Candidate Name
HELENA MORENO FOR CONGRESS

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: LA District: 02

B.

Full Name (Last, First, Middle Initial)
ACTBLUE

Transaction ID: SB17.4730
Date of Disbursement

Mailing Address P.O. BOX 382110

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 2 | 9 | | 2 | 0 | 0 | 8 |

City State Zip Code
CAMBRIDGE MA 02238-2110

Amount of Each Disbursement this Period

| |
|------|
| 3.95 |
|------|

Purpose of Disbursement
CREDIT CARD FEES

001
Category/
Type

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

Candidate Name
HELENA MORENO FOR CONGRESS

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: LA District: 02

C.

Full Name (Last, First, Middle Initial)
AF COMMUNICATIONS

Transaction ID: SB17.4697
Date of Disbursement

Mailing Address 714 FERN STREET

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 1 | 6 | | 2 | 0 | 0 | 8 |

City State Zip Code
NEW ORLEANS LA 70118

Amount of Each Disbursement this Period

| |
|---------|
| 1250.00 |
|---------|

Purpose of Disbursement
CAMPAIGN STRATEGY

001
Category/
Type

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

Candidate Name
HELENA MORENO FOR CONGRESS

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: LA District: 02

SUBTOTAL of Disbursements This Page (optional)

| |
|---------|
| 1267.78 |
|---------|

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 |

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)
HELENA MORENO FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
AF COMMUNICATIONS

Transaction ID: SB17.4698
Date of Disbursement

Mailing Address 714 FERN STREET

/ /

City State Zip Code
NEW ORLEANS LA 70118

Amount of Each Disbursement this Period

Purpose of Disbursement
TRAVEL

Category/
Type

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

Candidate Name
HELENA MORENO FOR CONGRESS

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: LA District: 02

B.

Full Name (Last, First, Middle Initial)
ARTVERTISING, INC

Transaction ID: SB17.4756
Date of Disbursement

Mailing Address 1911 MAGAZINE ST

/ /

City State Zip Code
NEW ORLEANS LA 70130

Amount of Each Disbursement this Period

Purpose of Disbursement
SIGNS

Category/
Type

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

Candidate Name
HELENA MORENO FOR CONGRESS

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: LA District: 02

C.

Full Name (Last, First, Middle Initial)
AT&T

Transaction ID: SB17.4706
Date of Disbursement

Mailing Address P.O. BOX 105503

/ /

City State Zip Code
ATLANTA GA 30348-5503

Amount of Each Disbursement this Period

Purpose of Disbursement
TELEPHONE

Category/
Type

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

Candidate Name
HELENA MORENO FOR CONGRESS

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: LA District: 02

SUBTOTAL of Disbursements This Page (optional) ▶

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 15 / 21

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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 |

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)
HELENA MORENO FOR CONGRESS

| | |
|---|--|
| <p>A. Full Name (Last, First, Middle Initial) FORUM FOR EQUALITY</p> <p>Mailing Address 336 LAFAYETTE ST #200</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: SB17.4708</p> <p>Date of Disbursement 09 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 50.00</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) SAND FRADELLA</p> <p>Mailing Address 3400 SQUIRE WOOD DR NORTH</p> <p>City HARVEY State LA Zip Code 70058</p> <p>Purpose of Disbursement RENT</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: SB17.4711</p> <p>Date of Disbursement 09 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 2150.00</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) GEOFFREY GREEN</p> <p>Mailing Address 152 GARNDE MAISON BLVD</p> <p>City MANDEVILLE State LA Zip Code 70471</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: SB17.4700</p> <p>Date of Disbursement 09 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 1250.00</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) ▶

3450.00

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 |

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)
HELENA MORENO FOR CONGRESS

| | | | |
|-----------|--|---|--|
| A. | Full Name (Last, First, Middle Initial) HUGHEY & ASSOCIATES | Transaction ID: SB17.4701 Date of Disbursement 09 / 19 / 2008 | |
| | Mailing Address 1200 ST. CHARLES AVE SUITE 200 | | |
| | City NEW ORLEANS State LA Zip Code 70130 | Amount of Each Disbursement this Period 5000.00 | |
| | Purpose of Disbursement MEDIA 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) ▼ | Category/Type 003 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| B. | Full Name (Last, First, Middle Initial) KINKO'S | Transaction ID: SB17.4757 Date of Disbursement 09 / 30 / 2008 | |
| | Mailing Address 5300 TCHOPITOULAS SUITE D-1 | | |
| | City NEW ORLEANS State LA Zip Code 70115 | Amount of Each Disbursement this Period 82.83 | |
| | Purpose of Disbursement PRINTING 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) ▼ | Category/Type 003 <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 ESPADRON LOMBARD | Transaction ID: SB17.4703 Date of Disbursement 09 / 22 / 2008 | |
| | Mailing Address 418 PELICAN ST. STE H | | |
| | City NEW ORLEANS State LA Zip Code 70114 | Amount of Each Disbursement this Period 4000.00 | |
| | Purpose of Disbursement CONSULTING 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) ▼ | Category/Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |

SUBTOTAL of Disbursements This Page (optional) ▶

9082.83

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 18 / 21

| | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <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 |

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)
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
TELEVISION

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: SB17.4712
Date of Disbursement

09 / 25 / 2008

Amount of Each Disbursement this Period

8075.00

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

SUBTOTAL of Disbursements This Page (optional) ►

8075.00

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

37004.14

SCHEDULE C (FEC Form 3)

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

PAGE 19 / 21

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:
 Primary
 General
 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 border="1" style="font-size: small;"> <tr><td>M</td><td>M</td></tr> <tr><td>0</td><td>5</td></tr> </table> <table border="1" style="font-size: small;"> <tr><td>D</td><td>D</td></tr> <tr><td>3</td><td>0</td></tr> </table> <table border="1" style="font-size: small;"> <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 20 / 21

FOR LINE NUMBER: (check only one) 13a 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 50000.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 50000.00 |
|-------------------------------------|------------------------------------|---|

TERMS

| | | | |
|--|------------------------|-------------------------------|--|
| Date Incurred MM DD YY YY 08 11 2008 | Date Due 11/09/2008 | Interest Rate 7.00 % (apr) | Secured: <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 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="50000.00"/> |
| TOTALS This Period (last page in this line only) | <input style="width: 100%;" type="text" value="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.

Image# 28934173615

Form/Schedule: **F3A**

Transaction ID:

THIS REPORT IS FILED ONE DAY LATE DUE TO RELIANCE UPON FEC REPORT NOTICE DATED SEPTEMBER 15, 2011. THERE WERE TWO FEC REPORTS ISSUED ON THAT DATE WITH CONFLICTING REPORTING REQUIREMENTS FOR DISCLOSURE.
