

**Political Organization
 Report of Contributions and Expenditures**

OMB No 1545-1696

▶ See Separate instructions.

A For the period beginning **January 1**, 20 **13** and ending **June 30**, 20 **13**

B Check applicable boxes. Initial report Change of address Amended report Final report

1 Name of organization **Conservative Party of Louisiana, Inc.** **Employer identification number** **30:0483132**

2 Mailing address (P O Box or number, street, and room or suite number)
4050 N Maiden Drive
 City or town, state, and ZIP code
Baton Rouge, LA 70809

3 E-mail address of organization **mail@cp-usa.org** **4** Date organization was formed **1-26-2010**

5a Name of custodian of records **Sam Gallo** **5b** Custodian's address **4050 N Maiden Drive, Baton Rouge, LA 70809**

6a Name of contact person **Sam Gallo** **6b** Contact person's address **4050 N Maiden Drive, Baton Rouge, LA 70809**

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
N/A
 City or town, state, and ZIP code
N/A

8 Type of report (check only one box)

a First quarterly report (due by April 15)

b Second quarterly report (due by July 15)

c Third quarterly report (due by October 15)

d Year-end report (due by January 31)

e Mid-year report (Non-election year only-due by July 31)

f Monthly report for the month of _____ (due by the 20th day following the month shown above, except the December report, which is due by January 31)

g Pre-election report (due by the 12th or 15th day before the election)
 (1) Type of election _____
 (2) Date of election _____
 (3) For the state of _____

h Post-general election report (due by the 30th day after general election)
 (1) Date of election. _____
 (2) For the state of _____

SCANNED JUL 29 2013

9 Total amount of reported contributions (total from all attached Schedules A).	9	-0-
10 Total amount of reported expenditures (total from all attached Schedules B).	10	10.00

Sign Here Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete

Signature of authorized official *[Signature]* Date *July 9, 2013*



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Schedule B Itemized Expenditures		Schedule B page 1 of 1
Name of organization Conservative Party of Louisiana, Inc.		Employer identification number 30:0483132
Recipient's name, mailing address and ZIP code State of Louisiana Commercial Division PO Box 94125 Baton Rouge, LA 70804	Name of recipient's employer N/A	Amount of expenditure \$ 10.00
	Recipient's occupation N/A	Date of expenditure 06/11/2013
Purpose of expenditure State Yearly Annual Report		
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure \$
	Recipient's occupation	Date of expenditure
Purpose of expenditure		
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure \$
	Recipient's occupation	Date of expenditure
Purpose of expenditure		
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure \$
	Recipient's occupation	Date of expenditure
Purpose of expenditure		
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure \$
	Recipient's occupation	Date of expenditure
Purpose of expenditure		
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure \$
	Recipient's occupation	Date of expenditure
Purpose of expenditure		
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure \$
	Recipient's occupation	Date of expenditure
Purpose of expenditure		
Subtotal of expenditures reported on this page only. Enter here and also include this amount in the total on line 10 of Form 8872		\$ 10.00

