

CANDIDATE'S ELECTION DAY EXPENDITURES REPORT

(to be filed by a candidate or his principal campaign committee)

This report is required to be filed by all candidates who are required to file campaign finance disclosure reports, **even if no election day expenditures were made**. The report is due not later than 10 days after the primary election, and, again, not later than 10 days after the general election if the candidate participates in the general election. This form is used to report payments by the candidate or his political committee (1) for advertising that is broadcast or published on election day (2) for the services of election day workers, and (3) to organizations for election day activities in support of the candidate. NOTE: This report is required **in addition** to all other required reports. Therefore, the expenditures reported on this report must be reported in subsequent "Candidate's Reports" for this election.

1. Qualifying Name and Address of Candidate

JOHN BERING
3014 Main St.
Jeanerette, LA 70544

2. Office Sought (Include title of office as well as parish, city, town and/or election district.)

State Rep.

OFFICE USE ONLY

Report Number: 53711

Date Filed: 11/3/2015

Report Includes Schedules:
Schedule A



3. Name and address of principal campaign committee
(Applicable only if candidate has a principal campaign committee)

4. Date of Election 10/24/2015

Primary General (Check one)

5. Total Expenditures by Category

a. Television Advertising (Schedule A)	<u>\$0.00</u>
b. Radio Advertising (Schedule A)	<u>\$0.00</u>
c. Newspaper Advertising (Schedule A)	<u>\$105.21</u>
d. Services of Election Day Workers (Schedule B)	<u>\$0.00</u>
e. Payments to Organizations for Election Day Activities/Services (Schedule C)	<u>\$0.00</u>
f. Automated Calls (Schedule D)	<u>\$0.00</u>

For any category in which no election day expenditures were made, write -0- next to the category in Item 5. Any schedules not required to be completed may be omitted from this report.

6. a. Name of Person Preparing Report VALERIE BERING

b. Daytime Telephone --

7. WE HEREBY CERTIFY that the information contained in this report and the attached schedules is true and correct to the best of our knowledge, information and belief, and that no expenditures have been made nor contributions received that are required to be disclosed have not been reported herein, and that no information required to be reported by the Louisiana Campaign Finance Disclosure Act has been deliberately omitted.

This 3rd day of November, 2015.

John Bering
Signature of Candidate/Chairperson (To be signed by Chairperson only if report by principal campaign committee)

337-940-3818
Daytime Telephone Number

Signature of Treasurer

Daytime Telephone Number

SCHEDULE A: ADVERTISING

The following information must be provided for each person to whom an expenditure was made for the purchase of television, radio or newspaper advertising broadcast or published on election day. The total amount of such expenditures made to each recipient should be entered under Column 2. The type of advertising purchased should be checked in Column 3.

1. Name and Address of Recipient	2. Amount Paid	3. Type of Advertising						
ABBEVILLE MERIDIONAL 318 N Main Street Abbeville, LA 70510	\$28.00	<table style="width: 100%; border: none;"> <tr> <td style="width: 30px; border: none;"><input type="checkbox"/></td> <td style="border: none;">Television</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Radio</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/></td> <td style="border: none;">Newspaper</td> </tr> </table>	<input type="checkbox"/>	Television	<input type="checkbox"/>	Radio	<input checked="" type="checkbox"/>	Newspaper
<input type="checkbox"/>	Television							
<input type="checkbox"/>	Radio							
<input checked="" type="checkbox"/>	Newspaper							
THE DAILY IBERIAN P.O. Box 9290 New Iberia, LA 70562	\$77.21	<table style="width: 100%; border: none;"> <tr> <td style="width: 30px; border: none;"><input type="checkbox"/></td> <td style="border: none;">Television</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Radio</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/></td> <td style="border: none;">Newspaper</td> </tr> </table>	<input type="checkbox"/>	Television	<input type="checkbox"/>	Radio	<input checked="" type="checkbox"/>	Newspaper
<input type="checkbox"/>	Television							
<input type="checkbox"/>	Radio							
<input checked="" type="checkbox"/>	Newspaper							

Form 104, Rev. 6/01, Page Rev. 3/98