

CANDIDATE'S SPECIAL REPORT

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

This form is filed during the 20 day period immediately preceding an election to report (1) all receipts from a single source in excess of \$1,000 by major office candidates; in excess of \$500 by district office candidates; or, in excess of \$250 by any other office candidates, and/or (2) any payments exceeding \$200 to any person who endorses candidates and who is required to file campaign finance disclosure reports.

All candidates who have had any such transactions within the 20 days immediately preceding an election are required to report any such transaction on this form within 2 business days of the transaction.

1. Qualifying Name and Address of Candidate TIMOTHY L. (TIM) BAUDIER 184 Oakland Ave. Harahan, LA 70123		2. Office Sought (Include title of office as well as parish, city, town and/or election district.) Mayor Harahan		OFFICE USE ONLY Report Number: 106281 Date Filed: 11/8/2022 Report Includes Schedules:
3. Name and address of principal campaign committee (Applicable only if candidate has a principal campaign committee)				
4. Date of Election <u>11/8/2022</u> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> (Check one)				
5. a. Name of Person Preparing Report AUSTIN T ROSER b. Daytime Telephone <u>504-275-8582</u>				
6. 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 <u>8th</u> day of <u>November</u> , <u>2022</u> .				
		<u>Austin Todd Roser</u> Signature of Candidate/Chairperson (To be signed by Chairperson only if report by principal campaign committee)		<u>504-275-8582</u> Daytime Telephone Number
		_____ Signature of Treasurer		_____ Daytime Telephone Number

Form 103, Rev. 8/2021