

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 48 hours of the time the transaction occurred.

1. Qualifying Name and Address of Candidate STEVE PRATOR POST OFFICE BOX 434 SHREVEPORT, LA 71162	2. Office Sought (Include title of office as well as parish, city, town and/or election district.) SHERIFF CADDO PARISH CADDO PARISH	OFFICE USE ONLY Report Number: 25445 Date Filed: 10/10/2011 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 <u>10/22/2011</u> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> (Check one)						
5. a. Name of Person Preparing Report LINDA DEVILLE b. Daytime Telephone						
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>10th</u> day of <u>October</u> , <u>2011</u> . <table border="0" data-bbox="267 1444 1393 1680"><tr><td data-bbox="267 1444 906 1528"><u>Steve Prator</u> Signature of Candidate/Chairperson (To be signed by Chairperson only if report by principal campaign committee)</td><td data-bbox="1063 1444 1393 1507"><u>318-424-3840</u> Daytime Telephone Number</td></tr><tr><td data-bbox="267 1621 906 1684"><u>Steve Prator</u> Signature of Treasurer</td><td data-bbox="1063 1621 1393 1684"><u>318-424-3840</u> Daytime Telephone Number</td></tr></table>			<u>Steve Prator</u> Signature of Candidate/Chairperson (To be signed by Chairperson only if report by principal campaign committee)	<u>318-424-3840</u> Daytime Telephone Number	<u>Steve Prator</u> Signature of Treasurer	<u>318-424-3840</u> Daytime Telephone Number
<u>Steve Prator</u> Signature of Candidate/Chairperson (To be signed by Chairperson only if report by principal campaign committee)	<u>318-424-3840</u> Daytime Telephone Number					
<u>Steve Prator</u> Signature of Treasurer	<u>318-424-3840</u> Daytime Telephone Number					

Form 103, Rev. 9/04, Page Rev. 6/08

SCHEDULE A: CONTRIBUTIONS (Including In-Kind Contributions)

MAJOR OFFICE CANDIDATES: The following information must be reported for all contributions and in-kind contributions exceeding \$1,000 received during the last 20 days before the primary election, as well as those received in the last 20 days before the general election if the candidate participates in the general election.

DISTRICT OFFICE CANDIDATES: The following information must be reported for all contributions and in-kind contributions exceeding \$500 received during the last 20 days before the primary election, as well as those received in the last 20 days before the general election if the candidate participates in the general election.

ANY OTHER OFFICE CANDIDATES: The following information must be reported for all contributions and in-kind contributions exceeding \$250 received during the last 20 days before the primary election, as well as those received in the last 20 days before the general election if the candidate participates in the general election.

1. Name and Address of Contributor (& description if in-kind)	2. Contributions this Reporting Period		3. Valuation if In-Kind
	a. Date(s)	b. Amount(s)	
BALENTINE AMBULANCE SERVICE INC. P. O. Box 3922 Shreveport, LA 71133-3922	10/09/2011	\$2,500.00	