STATEMENT OF ORGANIZATION

OFFICE USE ONLY

PAC 10
S/O
1/18
Rec# 8079
Ck# 1026

10000271

1. Name and Address of Committee

Louisiana Health PAC
9521 Brookline Ave.
Baton Rouge, La.
70809

2. Date of this Statement: 1/5/2010

3. Estimated Membership: 10

4. Amended Statement? ____ Yes ____ No

Check If:

New Committee_____ Monthly Filer_____

5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors)

a. Name	b. Position	c. Address
	Chairperson	
	Treasurer	

6. Affiliated Organizations
(Any organization, other than a political committee, which directly or indirectly established, administers, or financially supports this committee.)

a. Name	b. Address	c. Relationship to Committee

7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.)

a. Name	b. Address

8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: _____ Principal Campaign Committee _____ Subsidiary Committee

b. Name of Candidate	c. Office Sought by the Candidate

9. a. Name of Person Preparing Report

b. Daytime Telephone

10. WE HEREBY CERTIFY that the information contained in this STATEMENT OF ORGANIZATION is true and correct to the best of our knowledge, information and belief.

This 5 day of January, 2010

Signature of Committee Chairperson — (225) 928-0026 Daytime Telephone Number

Signature of Committee Treasurer, if any — (225) 928-0026 Daytime Telephone Number

2010 JAN 9 PM 4:

RECEIVED

Form 200, Rev. 12/03