STATEMENT OF ORGANIZATION

OFFICE USE ONLY 1/3

1. Name and Address of Committee
Louisiana Speech and Hearing Association Poli
8550 United Plaza Blvd, Ste. 1001

Baton Rouge LA 70809

Check if new committee ____

2. Date of this Statement
01/18/2010

3. Estimated Membership
45

4. Amended Statement?
____Yes X No

PAC /0
S/O
1/29

Rec# 8190
Ck# 104

14000666

2010 JAN 29 AM 10:19

CAMPAIGN FINANCE
RECEIVED

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

Position	Name	Address
Chairperson		
Treasurer		

Please see attached sheets.

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

Name	Address	Relationship to Committee

Please see attached sheets.

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

Name	Address

Please see attached sheets.

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

Please see attached sheets.

9. Name of Person Preparing Report

Daytime Telephone

Please see attached sheets.

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.

Dated 01/18/2010.

Signature of Committee Chairperson

Daytime Telephone Number

Signature of Committee Treasurer, if any

225-294-3049
Daytime Telephone Number

Form 200, Rev 3/98

HAND DELIVERED

Affiliated Persons / Organizations

Name and Address of Treasurer Treasurer Candace Revere 11404 Jerusalem Baptist Church Road Hammond LA 70403 Chairperson:	Candidate Information Office Sought (include title of office as well as parish, city, town and/or election district) Name of Political Party: ☐ SUPPORTED ☐ OPPOSED by the Committee
Daytime Telephone (Preparer):	Rel of Aff. Org. to Comm: Treasurer
Name and Address of Chair Person Secretary Gayla Reed-Walton 408 Charlotte Drive Patterson LA 70392 Chairperson:	Candidate Information Office Sought (include title of office as well as parish, city, town and/or election district) Name of Political Party: ☐ SUPPORTED ☐ OPPOSED by the Committee
Daytime Telephone (Preparer):	Rel of Aff. Org. to Comm: Secretary