STATEMENT OF ORGANIZATION

OFFICE USE ONLY

10

S/O
10/18

Rec#8436
ck# 99991

10007525

1. Name and Address of Committee
Citizens for Accessible Healthcare PAC
2901 Lloyds Avenue
Chalmette, LA 70043

2. Date of this Statement
10-27-10

3. Estimated Membership
3

4. Amended Statement?
____ Yes X No

Check If:
New Committee X 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
Michael Montgomery	Chairperson	2901 Lloyds Avenue, Chalmette, LA 70043
Chris San Marco	Treasurer	804 Terry Drive, Arabi, LA 70032
Mary San Marco	Secretary	804 Terry Drive, Arabi, LA 70032

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
NOT APPLICABLE		

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
Chase Bank	9109 West Judge Perez Drive, Chalmette, LA 70043

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 Brian B. Grubb

b. Daytime Telephone 504-561-1044

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 27th day of October, 2010

[signature]
Signature of Committee Chairperson

504-616-6491
Daytime Telephone Number

Chris San Marco
Signature of Committee Treasurer, if any

504-289-0200
Daytime Telephone Number

Form 300, Rev. 12/02