STATEMENT OF ORGANIZATION

OFFICE USE ONLY

PAC
S/O
1/25

0100360

Rec # 312535
2062

1. Name and Address of Committee

Louisiana Orthopaedic Political Action
Committee (PAC)
3900 N. Causeway Blvd., #1470
Metairie, LA 70002

2. Date of this Statement

1/19/01

3. Estimated Membership

2

4. Amended Statement?

X Yes ____ No

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

a. Name	b. Position	c. Address
M. Ragan Green, Jr., MD	Chairperson	1500 Line Ave., Suite 101, Shreveport, LA 71101
W. Stanley Foster, MD		1448 S. College Rd., Lafayette, LA 70508
John McLaughlin, MD	Treasurer	5646 Read Blvd., #100, New Orleans, LA 70127

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
Hibernia National Bank	212 Carondelet, New Orleans, LA 70130

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 _____ day of _____, _____.

_____ Signature of Committee Chairperson

_____ Daytime Telephone Number

_____ Signature of Committee Treasurer, if any

_____ Daytime Telephone Number