STATEMENT OF ORGANIZATION

OFFICE USE ONLY

PAC
S/O

11000854

1. Name and Address of Committee

LHGMA PAC, INC.
16 ADMIRALTY COURT
NEW ORLEANS, LA 70131

Check If:

New Committee _____ Monthly Filer _____

2. Date of this Statement

1/30/2011

3. Estimated Membership

3

4. Amended Statement?

____ Yes ____ No

P# 8928
C# 1007

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

a. Name: STEWART J. CLARK

b. Position: Chairperson / Treasurer

c. Address: 16 ADMIRALTY CT. NEW ORLEANS LA 70131

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

a. Name: LOUISIANA MEDICAL GROUP MANAGEMENT ASSOCIATION

b. Address: PO BOX 60275 LAFAYETTE, LA 70596

c. Relationship to Committee: MEMBERS OF PAC MUST BE MEMBERS OF LHGMA

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

a. Name: WHITNEY NATIONAL BANK

b. Address: PO BOX 61260 NEW ORLEANS, LA 70161

SCANNED
FEB 9 - 2011
By: [illegible]

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: STEWART J. CLARK

b. Daytime Telephone: 504 - 388 - 3240

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 30th day of JANUARY 2011

Stewart J Clark
Signature of Committee Chairperson

504-388-3240
Daytime Telephone Number

Signature of Committee Treasurer, if any

Daytime Telephone Number

Form 200, Rev. 12/03