STATEMENT OF ORGANIZATION

OFFICE USE ONLY

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S/O

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R#6724

C#71000

11002780

1. Name and Address of Committee

FRIENDS OF DR. HAROLD L. "ROCKY" ASEVEDO
P.O. BOX 687
BELLE CHASSE, LA 70037

2. Date of this Statement

3/2/2011

3. Estimated Membership

2

4. Amended Statement?

____ Yes XX 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
DR. HAROLD L. ASEVEDO	Chairperson	433 OAK TREE RD. BELLE CHASSE LA 70037
DANICA ANSARDI	Treasurer	275 RIVERBEND DR. BELLE CHASSE LA 70037

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
N/A		

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
MISSISSIPPI RIVER BANK	8435 HIGHWAY 23 BELLE CHASSE, LA 70037

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

b. Name of Candidate

DR. HAROLD L. "ROCKY" ASEVEDO

c. Office Sought by the Candidate

9. a. Name of Person Preparing Report DR. HAROLD L. "ROCKY" ASEVEDO

b. Daytime Telephone (504) 451-0400

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 1ST day of MARCH 2011

Dr. Harold L. Asevedo
Signature of Committee Chairperson

504-451-0400
Daytime Telephone Number

Danica Ansardi
Signature of Committee Treasurer, if any

Daytime Telephone Number

Form 200, Rev. 12/03