STATEMENT OF ORGANIZATION

OFFICE USE ONLY

1. Name and Address of Committee
LA Pharmacist PAC
P.O. Box 370
Ville Platte, LA 70586

2. Date of this Statement
4-29-2011

3. Estimated Membership

4. Amended Statement?
____ Yes ____ No

PAC
5/0
5/2

R# 6767
C# 150

11003328

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
Nicholas B LeBas	Chairperson	P.O. Box 370 Ville Platte, LA 70586
Robert LeBas	Treasurer	1615 N. MAIN St Opelousas, LA 70570

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
EVANGELINE BANK & TRUSCO.	P.O. Box 346 Ville Platte, LA 70586

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 Nicholas B. LeBas

b. Daytime Telephone 337-363-3456

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 29 day of April, 2011

[signature]
Signature of Committee Chairperson

337-363-3456
Daytime Telephone Number

[signature]
Signature of Committee Treasurer, if any

337-[illegible]-9827
Daytime Telephone Number

Form 200, Rev. 12/03