STATEMENT OF ORGANIZATION

OFFICE USE ONLY

1. Name and Address of Committee

Committe to Elect Dr. Greg Lond
State Representative

Check if:

New Committee ✓ Monthly Filer ____

2. Date of this Statement

9-7-11

3. Estimated Membership

2

4. Amended Statement?

____ Yes ✓ No

S/O
9/12

R# 6614
a# 1015

11004027

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

a. Name	b. Position	c. Address
Angelle Lond	Chairperson	301 W. Fertitta Blvd, Ste 1 Leesville, LA 71446
Lisa Thompson	Treasurer	301 W. Fertitta Blvd, Ste 1 Leesville, LA 71446

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
None		

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
Sabine State Bank	P.O. Box 670 Many, La 71449

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

b. Name of Candidate

Gregory D. Lond, MD.

c. Office Sought by the Candidate

State Representative District 30

9. a. Name of Person Preparing Report Lisa Thompson

b. Daytime Telephone 337-238-0167

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 9 day of September, 2011

Angelle Lond
Signature of Committee Chairperson

337-238-0167
Daytime Telephone Number

[signature]
Signature of Committee Treasurer, if any

337-238-0167
Daytime Telephone Number

2011 SEP 14 AM 10:05

OFFICE ADMINISTRATION CAMPAIGN FINANCE RECEIVED

Form 200, Rev. 12/03