STATEMENT OF ORGANIZATION

OFFICE USE ONLY 1/62

PAC
S/O
1/30

1. Name and Address of Committee
LA EYE POLITICAL ACTION COMMITTEE
1512 DAHLIA ST

BATON ROUGE LA 70808

Check if new committee ____

2. Date of this Statement
01/27/2012

3. Estimated Membership
25

4. Amended Statement?
____Yes X No

Rec # 7174
#534

12000704

2012 JAN 30 PM 1:52

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

Position	Name	Address
Chairperson		
Treasurer		

Please see attached sheets.

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

Name	Address	Relationship to Committee

Please see attached sheets.

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

Name	Address

Please see attached sheets.

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

Please see attached sheets.

9. Name of Person Preparing Report

Daytime Telephone

Please see attached sheets.

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.

Dated 01/27/2012.

DR. DON TEXADA
Signature of Committee Chairperson

318-221-6646
Daytime Telephone Number

DR MICHAEL HAIK
Signature of Committee Treasurer, if any

225-766-7441
Daytime Telephone Number

Form 200, Rev 3/98

HAND DELIVERED

Affiliated Persons / Organizations

Name and Address of Chair Person DR DON TEXADA 731 LAKELAND BATON ROUGE LA 70802 Chairperson:	Candidate Information Office Sought (include title of office as well as parish, city, town and/or election district) Name of Political Party: ☐ SUPPORTED ☐ OPPOSED by the Committee
Daytime Telephone (Preparer):	Rel of Aff. Org. to Comm: CHAIRPERSON
Name and Address of Treasurer DR MICHAEL HALK 731 LAKELAND BATON ROUGE LA 70802 Chairperson:	Candidate Information Office Sought (include title of office as well as parish, city, town and/or election district) Name of Political Party: ☐ SUPPORTED ☐ OPPOSED by the Committee
Daytime Telephone (Preparer):	Rel of Aff. Org. to Comm: TREASURER
Name and Address of Financial Institution HANCOCK BANK P O BOX 4019 GULFPORT MS 39995 Chairperson:	Candidate Information Office Sought (include title of office as well as parish, city, town and/or election district) Name of Political Party: ☐ SUPPORTED ☐ OPPOSED by the Committee
Daytime Telephone (Preparer):	Rel of Aff. Org. to Comm: FINANCIAL INSTITUTION
Name and Address of Person Preparing Report MR JOE MAPES 731 LAKELAND BATON ROUGE LA 70802 Chairperson:	Candidate Information Office Sought (include title of office as well as parish, city, town and/or election district) Name of Political Party: ☐ SUPPORTED ☐ OPPOSED by the Committee
Daytime Telephone (Preparer): 225-268-6572	Rel of Aff. Org. to Comm: PREPARER