STATEMENT OF ORGANIZATION

OFFICE USE ON

Pma
S/O
1/30

12000931

1. Name and Address of Committee

Louisiana Pharmacists Political Action Committee
P.O. Box 370
Ville Platte, La 70586

2. Date of this Statement

1-27-12

3. Estimated Membership

2

4. Amended Statement?

____ Yes X No

Check if:

New Committee_____ Monthly Filer _____

Rec# 7287
#151

2012 FEB -2

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	676 Kerroll Vidrine Rd, Ville Platte, La 70586
Robert C. LeBas	Treasurer	216 E. Smiley 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

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

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 _____ day of _____

Signature of Committee Chairperson

Daytime Telephone Number

Robert C LeBas

Signature of Committee Treasurer, if any

337-948-9827

Daytime Telephone Number

Form 200, Rev. 12/03