# STATEMENT OF ORGANIZATION

OFFICE USE ONLY 13

Report Number: 34096

Date Filed: 1/15/2013

PAC
S/O
1/16

Rec #9970
#28753

1300444

1. Name and Address of Committee

LOUISIANA MEDICAL POLITICAL ACTION COMM
6767 Perkins Road
Suite 100
Baton Rouge, LA 70808-4283

Check if:
New Committee _____ Monthly Filer _____

2. Date of this Statement: 1/15/2013

3. Estimated Membership: 450

4. Amended Statement? ___ Yes X No

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

| a. Name | b. Position | c. Address |
|---|---|---|
| KEITH F. DESONIER MD | Chairperson | 555 Doctor Michael DeBakey Dr.<br>Lake Charles, LA |
| JOHN W. NOBLE JR. MD | Treasurer | 1747 Imperial Blvd.<br>Lake Charles, LA |

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 |
|---|---|---|
| On attached sheet | | |

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 |
|---|---|
| On attached sheet | |

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: BURLAND AND ASSOCIATES INC.

b. Daytime Telephone: 225-767-7163

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 15th day of January, 2013.

Keith F. DeSonnier MD
Signature of Committee/Chairperson

337-439-0555
Daytime Telephone

John W. Noble Jr. MD
Signature of Committee Treasurer, if any

337-721-7236
Daytime Telephone

Form 200, Rev. 12/03

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 |
|---|---|---|
| LOUISIANA STATE MEDICAL SOCIETY | 6767 Perkins Rd<br>Suite 100<br>Baton Rouge, LA 70808-4263 | Affiliated Organization |

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 |
|---|---|
| CAPITAL ONE BANK | 440 Third Street<br>5th Floor<br>Baton Rouge, LA 70802 |
| CHARLES SCHWAB | C/O Eagle Management<br>4937 Hearst Street Ste 2L<br>Metairie, LA 70001 |

## COMMITTEES WITH OVER 250 MEMBERS

The following certification is OPTIONAL and should be completed ONLY if it is applicable to your committee. Completion of this certification doubles the normal limitations on the amounts of contributions to candidates that are otherwise applicable to political committees.

11. WE HEREBY CERTIFY that the membership of this political committee exceeded two hundred fifty (250) members as **of December 31 of the calendar year immediately preceding the date of this STATEMENT OF ORGANIZATION.** We further certify that at least two hundred fifty (250) of the members of this political committee contributed at least fifty dollars ($50.00) to this committee **during the calendar year immediately preceding the date of this STATEMENT OF ORGANIZATION.**

This 15th day of January, 2013.

Keith F. DeSonnier MD
Signature of Committee/Chairperson

337-439-0555
Daytime Telephone

John W. Noble Jr. MD
Signature of Committee Treasurer, if any

337-721-7236
Daytime Telephone

Form 200, Rev. 3/98, Page Rev.10/02, Page Rev. 8/2008