STATEMENT OF ORGANIZATION

OFFICE USE ONLY

Pac
S/O
3/13

13002728

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

2. Date of this Statement
2-13-13

3. Estimated Membership
2

4. Amended Statement?
___ Yes X No

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	1025 Hardwood Dr. Ville Platte, La 70586
Robert C. LeBas	Treasurer	216 E. Smiley Rd. 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 13 day of February 2013

Signature of Committee Chairperson — 337-363-3459 Daytime Telephone Number

Robert C LeBas
Signature of Committee Treasurer, if any — 337-948-9827 Daytime Telephone Number