13

STATEMENT OF ORGANIZATION

OFFICE USE ONL

PAC
S/O
3/14

1300294 7

1. Name and Address of Committee

LOUISIANA TAXPAYERS ALLIANCE
PO Box 52592
LAFAYETTE, LA 70505

2. Date of this Statement

3/13/13

3. Estimated Membership

4. Amended Statement?

____ Yes ✓ No

Check If:

New Committee_____ Monthly Filer ✓

Rec # 9519
#1174

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

a. Name	b. Position	c. Address
WILLIAM P MILLS, III	Chairperson	PO BOX 52592 LAFAYETTE, LA 70505
	Treasurer	

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

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 13th day of MAR, 2013.

Signature of Committee Chairperson

337-232-1438
Daytime Telephone Number

Signature of Committee Treasurer, if any

Daytime Telephone Number