STATEMENT OF ORGANIZATION

OFFICE USE ONLY

PAC
S/O
6/5

13003669

1. Name and Address of Committee
Medicine Louisiana
PO Box 45171
Baton Rouge, LA 70895

2. Date of this Statement
6-2-13

3. Estimated Membership
20

4. Amended Statement?
___ Yes X No

Check If:
New Committee _____ Monthly Filer

Rec # 9690
#10553

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

a. Name	b. Position	c. Address
Dr. Steve Spedale	Chairperson	PO Box 45171
Dr. Dale Coffman	Treasurer	Baton Rouge, LA 70895

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
Chase Bank

b. Address
457 Florida St.
Baton Rouge, LA 70801

8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: _____ Principal Campaign Committee _____ Subsidiary Committee

b. Name of Committee

c. Office Sought by the Candidate

9. a. Name of Person Preparing Report Laura Venzon

b. Daytime Telephone 504-432-0293

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 3 day of June, 2013

Signature of Committee Chairperson

225-928-2000
Daytime Telephone Number

Signature of Committee Treasurer, if any

225-928-7899
Daytime Telephone Number

LOUISIANA ETHICS ADMINISTRATION CAMPAIGN FINANCE RECEIVED 2013 JUN -6 AM 8: