STATEMENT OF ORGANIZATION

OFFICE USE ONLY 00

S/P 1/10

Rec # 496530
1255

1. Name and Address of Committee

Louisiana Good Government Fund
1440 Canal Street, Suite 1860
New Orleans, LA 70112

2. Date of this Statement

1-10-00

3. Estimated Membership

1750

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
M. L. Lagarde	Chairperson	1440 Canal Street, Suite 1860 New Orleans, LA 70112
Mike Reese	Treasurer	1440 Canal Street, Suite 1860 New Orleans, LA 70112

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
Columbia/HCA Healthcare Corp.	One Park Plaza Nashville, TN 37203	Sponsoring 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
Bank One	1440 Canal Street, New Orleans, LA 70112

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 Linda Morcom

b. Daytime Telephone (504) 988-7005

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 10th day of January 2000

Signature of Committee Chairperson — (504) 988-7000 Daytime Telephone Number

Signature of Committee Treasurer, if any — (504) 988-7000 Daytime Telephone Number

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