STATEMENT OF ORGANIZATION

OFFICE USE ONLY

PAC Amendment S/O # 301034

301034

1. Name and Address of Committee

Louisiana Society of Anesthesiologists Political Action Committee
5114 Lost Oak Dr.
Baton Rouge, LA 70817

2. Date of this Statement
7/14/2003

3. Estimated Membership
300

4. Amended Statement?
__X__ Yes ____ 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
Mack Thomas, M.D.	**Chairperson**	**1514 Jefferson Highway, New Orleans, LA 70121**
Gehl Davis, M.D.	**Treasurer**	**5114 Lost Oak Dr., Baton Rouge, LA 70817**
Kraig DeLanzac, M.D.	**Director**	**12 Tara Place, Metairie, LA 70002**

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 Society of Anesthesiologists	**5114 Lost Oak Dr., Baton Rouge, LA 70817**	**Society Administers and Members Financially Support**

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
Merrill Lynch	

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
Wanda H. Freedman

b. Daytime Telephone 225-246-3535

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 16th day of July, 03.

Signature of Committee Chairperson

Daytime Telephone Number

Gehl Davis

Signature of Committee Treasurer, if any

2253581122

Daytime Telephone Number

Form 200, Rev. 3/98

AMENDMENT

B0241233.1

STATEMENT OF ORGANIZATION

OFFICE USE ONLY 301031

1. Name and Address of Committee

Louisiana Society of Anesthesiologists Political Action Committee
5114 Lost Oak Dr.
Baton Rouge, LA 70817

2. Date of this Statement
7/14/2003

3. Estimated Membership
300

4. Amended Statement?
__X__ Yes ____ 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
Mack Thomas, M.D.	**Chairperson**	**1514 Jefferson Highway, New Orleans, LA 70121**
Gehl Davis, M.D.	**Treasurer**	**5114 Lost Oak Dr., Baton Rouge, LA 70817**
Kraig DeLanzac, M.D.	**Director**	**12 Tara Place, Metairie, LA 70002**

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 Society of Anesthesiologists	**5114 Lost Oak Dr., Baton Rouge, LA 70817**	**Society Administers and Members Financially Support**

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
Merrill Lynch	

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
Wanda H. Freedman

b. Daytime Telephone 225-248-3535

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 16th day of July, 03

Mack G. Thomas M.D.
Signature of Committee Chairperson

225-926-8744
Daytime Telephone Number

Signature of Committee Treasurer, if any

Daytime Telephone Number

Form 200, Rev. 3/98

AMENDMENT

B0241233.1

Amended For Signature

STATEMENT OF ORGANIZATION

OFFICE USE ONLY

PAC S/O 1/30

SCANNED MAR 24 2003 By:

301034

1. Name and Address of Committee
Louisiana Society of Anesthesiologists Political Action Committee
5114 Lost Oak Dr.
Baton Rouge, LA 70817

2. Date of this Statement
1-30-03

3. Estimated Membership

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
Bobby Nossaman, MD	Chairperson	4619 Prytania St. New Orleans, LA 70115
Gehl Davis, M.D.	Treasurer	5114 Lost Oak, Baton Rouge, LA 70817

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
La. Society of Anesthesiologists	P.O. Box 40064 Baton Rouge, LA 70835	Society administers & membership financially supports

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
Merrill Lynch	Baton Rouge, LA

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 Wanda Freedman

b. Daytime Telephone 225/248-3535

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 30th day of January, 2003

Bobby Nossaman
Signature of Committee Chairperson

Daytime Telephone Number

Gehl Davis
Signature of Committee Treasurer, if any

225 358-1122
Daytime Telephone Number

AMENDMENT

Form 200, Rev. 3/98

HAND DELIVERED

STATEMENT OF ORGANIZATION

OFFICE USE ONLY

PAC
S/O
1/30

0301034

1.* Name and Address of Committee

Louisiana Society of Anesthesiologists Political Action Committee
5114 Lost Oak Dr.
Baton Rouge, LA 70817

2. Date of this Statement: 1-30-03

3. Estimated Membership:

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
Bobby Nossaman, M.D.	Chairperson	4619 Prytania St. New Orleans, LA 70115
Gehl Davis, M.D.	Treasurer	5114 Lost Oak, Baton Rouge, LA 70817

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a. Name	b. Address	c. Relationship to Committee
La. Society of Anesthesiologists	P.O. Box 40064 Baton Rouge, LA 70835	Society administers & members financially support

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a. Name	b. Address
Merrill Lynch	Baton Rouge, LA

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: Wanda Freedman

b. Daytime Telephone: 225/248-3535

2003 FEB -3 PM 1:57

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 30th day of January, 2003

Signature of Committee Chairperson

Daytime Telephone Number

Gehl Davis

Signature of Committee Treasurer, if any

225 358-1122

Daytime Telephone Number

Form 200, Rev. 3/98