STATEMENT OF ORGANIZATION

Other OFFICE USE ONLY 1/3
S/O
3/26

0302785

1. Name and Address of Committee
Save Our Slidell Memorial Hospital, Inc.
1410 Corporate Square Drive

Slidell LA 70458

Check if new committee ____

2. Date of this Statement
3/26/03

3. Estimated Membership
25

4. Amended Statement?
____ Yes X No

Rec # 4558
#1009

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

Position	Name	Address
Chairperson		
Treasurer		

Missing numbered pages were blank and had no information on them.

Please see attached sheets.

6. Affiliated Organizations
(Any organization, other than a political committee, which directly or indirectly established, administrates or financially supports this committee.)

Name	Address	Relationship to Committee

Please see attached sheets.

7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions)

Name	Address

Please see attached sheets.

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

Please see attached sheets.

9. Name of Person Preparing Report

Daytime Telephone

Please see attached sheets.

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.

Dated 3-26-03

Signature of Committee Chairperson

(985) 641-5965
Daytime Telephone Number

Signature of Committee Treasurer, if any

(985) 641-~~5965~~ 8104
Daytime Telephone Number

Form 200, Rev 2/88

Affiliated Persons / Organizations

Name and Address of James W Towler P. O. Box 3176 Slidell LA 70469 Chairperson:	Candidate Information Office Sought (include title of office as well as parish, city, town and/or election district) Name of Political Party: ☐ SUPPORTED ☐ OPPOSED by the Committee
Daytime Telephone (Preparer):	Rel of Aff. Org. to Comm: Co-Chairperson
Name and Address of Central Progressive Bank 277 Gause Blvd E Slidell LA Chairperson:	Candidate Information Office Sought (include title of office as well as parish, city, town and/or election district) Name of Political Party: ☐ SUPPORTED ☐ OPPOSED by the Committee
Daytime Telephone (Preparer):	Rel of Aff. Org. to Comm: Bank
Name and Address of Theodore A Aucoin, Jr. 105 Whimby Drive Slidell LA 70461 Chairperson:	Candidate Information Office Sought (include title of office as well as parish, city, town and/or election district) Name of Political Party: ☐ SUPPORTED ☐ OPPOSED by the Committee
Daytime Telephone (Preparer): (985) 641-8104	Rel of Aff. Org. to Comm: Treasurer
Name and Address of Kathy Goss Chairperson:	Candidate Information Office Sought (include title of office as well as parish, city, town and/or election district) Name of Political Party: ☐ SUPPORTED ☐ OPPOSED by the Committee
Daytime Telephone (Preparer):	Rel of Aff. Org. to Comm: Co-Chairperson
Name and Address of Theodore A Aucoin, Jr. 105 Whimby Drive Slidell LA 70461 Chairperson:	Candidate Information Office Sought (include title of office as well as parish, city, town and/or election district) Name of Political Party: ☐ SUPPORTED ☐ OPPOSED by the Committee
Daytime Telephone (Preparer):	Rel of Aff. Org. to Comm: Report Preparer