2002 Reg Fol

# STATEMENT OF ORGANIZATION

OFFICE USE ONLY 03

PAC S/D 6/9

0303463

1. Name and Address of Committee
MID City Democrates
216 So Murat
NOLA 70119

2. Date of this Statement
3-21-03

3. Estimated Membership

4. Amended Statement?
____ Yes ____ No

Rec# 4595
# 3239

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

| a. Name | b. Position | c. Address |
|---|---|---|
| CONNIE M Comisky | Chairperson | 216 So Murat NOLA 70119 |
| James A Comisky | Treasurer | 200 St Chas Ave NOLA 70119 |
| CONNIE M Comisky | | |

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

BANK OF LOUISIANA 200 St Chs. Ave NOLA 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 CONNIE M Comisky

b. Daytime Telephone 504 4863096

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 _____ day of _____, _____.

[signature]
Signature of Committee Chairperson

504-4863096
Daytime Telephone Number

[signature]
Signature of Committee Treasurer, if any

504-8999400
Daytime Telephone Number

Form 200, Rev. 3/93