STATEMENT OF ORGANIZATION

OFFICE USE ONLY

S/O 9/4

0305281

1. Name and Address of Committee
COMMITTEE TO ELECT WOODY KOPPEL

2. Date of this Statement
9.3.03

3. Estimated Membership
2

4. Amended Statement?
___ 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
ANN KOPPEL	Chairperson	1219 CALHOUN NOLA 70118
MAMIE GASPERECZ	Treasurer	1001 JOSEPH STREET NOLA 7015

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
FIRST BANK + TRUST	5335 FRERET ST. NOLA 7015

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

b. Name of Candidate
WOODY KOPPEL

c. Office Sought by the Candidate
STATE REPRESENTATIVE - DISTRICT 98

9. a. Name of Person Preparing Report MAMIE GASPERECZ

b. Daytime Telephone 504 897 3608

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 3RD day of September, 2003

Ann Koppel
Signature of Committee Chairperson

504-585-0494
Daytime Telephone Number

Signature of Committee Treasurer, if any

504 897 3608
Daytime Telephone Number

Form 200, Rev. 3/99