STATEMENT OF ORGANIZATION

OFFICE USE ONLY 04

0400041

S/O 1/5

Rec # 4821
719

1. Name and Address of Committee

CLYDE "ROCK" GISCLAIR
FRIENDS OF ROCK GISCLAIR
12625 RIVER ROAD
LULING, LA. 70070

2. Date of this Statement

1-05-04

3. Estimated Membership

3

4. Amended Statement?

____ Yes X No

Check if:

New Committee _____ Monthly Filer _____

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

a. Name	b. Position	c. Address
CHERYL MONK	Chairperson	4 CREPE MYRTLE LANE, ST. ROSE, LA. 70087
ADELINE VERDA	Treasurer	210 SUGAR HOUSE ROAD, LULING, LA. 70070

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
N/A		

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
HIBERNIA NATIONAL BANK	P.O. BOX 61540 NEW ORLEANS, LA. 70161

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

b. Name of Candidate

CLYDE GISCLAIR

c. Office Sought by the Candidate

ASSESSOR

9. a. Name of Person Preparing Report

CHERYL MONK

b. Daytime Telephone 985-783-6281

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 5TH day of JANUARY, 2004

Cheryl Monk
Signature of Committee Chairperson

985-783-6281
Daytime Telephone Number

Adeline B. Verda
Signature of Committee Treasurer, if any

985-783-6281
Daytime Telephone Number

Form 200, Rev. 12/03