STATEMENT OF ORGANIZATION

04

1. Name and Address of Committee

Louisiana Emergency Medicine
Political Action Committee (LEMPAC)

2. Date of this Statement

3. Estimated Membership

4. Amended Statement?

____ Yes ____ No

Check if:

New Committee _____ Monthly Filer _____

PAC
S/O
7/26

Rec # 5132
#1004

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2004 JUL 28 PM 12:39

STATE OF LOUISIANA
CAMPAIGN FINANCE
RECEIVED

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

a. Name	b. Position	c. Address
Robert Gruner, MD	Chairperson	12430 Windermere Oaks Court, Baton Rouge, LA 70810
Sylvia Cusimano	Treasurer	1816 Industrial Boulevard, Harvey, LA 70058

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

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

Sylvia Cusimano

b. Daytime Telephone (504) 366-7638

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 of Committee Chairperson

Daytime Telephone Number

Sylvia Cusimano

Signature of Committee Treasurer, if any

504-366-7638

Daytime Telephone Number

Form 200, Rev. 12/03