STATEMENT OF ORGANIZATION

OFFICE USE ONLY 1/3 05

PAC
S/O
1/24

0500462

1. Name and Address of Committee
Louisiana Credit Union Legislative Action Com
924 Elmwood Pk Blvd
Suite 200
Harahan LA 70123

Check if new committee ____

2. Date of this Statement
01/13/2005

3. Estimated Membership
100

4. Amended Statement?
____Yes X No

Rec # 5292
1118

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

LOUISIANA ETHICS ADMINISTRATION CAMPAIGN FINANCE RECEIVED
2005 JAN 25 AM 10: 33

Please see attached sheets.

6. Affiliated Organizations
(Any organization, other than a political committee, which directly or indirectly established, administrators 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 01/13/2005

Sidney Parfait
Signature of Committee Chairperson

504-736-3650
Daytime Telephone Number

Anne Cochran
Signature of Committee Treasurer, if any

504-736-3650
Daytime Telephone Number

Form 200, Rev 3/99

Affiliated Persons / Organizations

Name and Address of
Sidney Parfait
824 Elmwood Park Blvd
Suite 200
Harahan LA 70123

Chairperson:

Daytime Telephone (Preparer):

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

Rel of Aff. Org. to Comm: Chairperson

Name and Address of Treasurer
Anne Cochran
824 Elmwood Park Blvd
Suite 200
Harahan LA 70123

Chairperson:

Daytime Telephone (Preparer):

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

Ref of Aff. Org. to Comm: Treasurer

Name and Address of Financial Institution
Louisiana Central Credit Union
824 Elmwood Park Blvd
Suite 100
Harahan LA 70123

Chairperson:

Daytime Telephone (Preparer):

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

Rel of Aff. Org. to Comm: Depository for Committee Funds

Name and Address of Person Preparing Report
Connie Major
824 Elmwood Park Blvd
Suite 200
Harahan LA 70123

Chairperson:

Daytime Telephone (Preparer): 504-736-3650

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

Rel of Aff. Org. to Comm: Preparer